

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749415 (6)
 1. Corporation Name
FLORIDA GULF COAST AUTISM ASSOCIATION, INC.



Principal Place of Business 1484 52 AVE. NE ST. PETERSBURG FL 33703	Mailing Address 1484 52 AVE. NE ST. PETERSBURG FL 33703-3223
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1979		3a. Date of Last Report 02/16/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1960476		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANNE B. DI NAPOLI 1484 52 AVE. NE ST. PETERSBURG FL 33703				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JONES, PATRICIA R			1.2 NAME	JUSTIN G. JOSEPH		
STREET ADDRESS	1434 HILL DRIVE			1.3 STREET ADDRESS	1266 SO. PINELLAS AVE		
CITY-ST-ZIP	LARGO, FL 0			1.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DINAPOLI, ANNE			2.2 NAME	DONALD J. ROWLAND		
STREET ADDRESS	1484 52 AVE NE			2.3 STREET ADDRESS	5401 31 AVE N		
CITY-ST-ZIP	ST PETERSBURG, FL 0			2.4 CITY-ST-ZIP	ST PETERSBURG FL 33710		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROW, LAWRENCE D.			3.2 NAME	LORRAINE F. BIRD		
STREET ADDRESS	1017 BEAVER DR.			3.3 STREET ADDRESS	1325 SNELL ISLE BLVD #217		
CITY-ST-ZIP	TARPON SPGS. FL			3.4 CITY-ST-ZIP	ST PETERSBURG FL 33704		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRACKEN, VIRGINIA			4.2 NAME			
STREET ADDRESS	2000 GULF BLVD #14			4.3 STREET ADDRESS			
CITY-ST-ZIP	BELLAIR BCH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNGMAN, RUTHE E			5.2 NAME			
STREET ADDRESS	2573 MADRID WAY SO			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 00000			5.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROWLAND, DONALD J.			6.2 NAME			
STREET ADDRESS	5401 31ST AVE. NO.			6.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *ANNE B. DI NAPOLI* ANNE B. DI NAPOLI 3-5-97 818-520-1359

CR2E037 (9/96)