

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **749415** (6)  
1. Corporation Name  
**FLORIDA GULF COAST AUTISM ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>1484 52 AVE. NE<br/>ST. PETERSBURG FL 33703</b> | Mailing Address<br><b>1484 52 AVE. NE<br/>ST. PETERSBURG FL 33703-3223</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/22/1979</b> | 3a. Date of Last Report<br><b>02/16/1996</b> |
|--|--|

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Sulte, Apt. #, etc.         | 26 Sulte, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1960476</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 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  
**ANNE B. DI NAPOLI  
1484 52 AVE. NE  
ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent

|   |
|---|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | SD                      | <input type="checkbox"/> DELETE            |
| NAME           | JONES, PATRICIA R       |  |
| STREET ADDRESS | 1434 HILL DRIVE         |  |
| CITY-ST-ZIP    | LARGO, FL 0             |  |
| TITLE          | PD                      | <input type="checkbox"/> DELETE            |
| NAME           | DINAPOLI, ANNE          |  |
| STREET ADDRESS | 1484 52 AVE N E         |  |
| CITY-ST-ZIP    | ST PETERSBURG, FL 0     |  |
| TITLE          | VD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | CROW, LAWRENCE D.       |  |
| STREET ADDRESS | 1017 BEAVER DR.         |  |
| CITY-ST-ZIP    | TARPON SPGS. FL         |  |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | BRACKEN, VIRGINIA       |  |
| STREET ADDRESS | 2000 GULF BLVD #14      |  |
| CITY-ST-ZIP    | BELLAIR BCH FL          |  |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | YOUNGMAN, RUTHE E       |  |
| STREET ADDRESS | 2573 MADRID WAY SO      |  |
| CITY-ST-ZIP    | ST PETERSBURG, FL 00000 |  |
| TITLE          | TD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | ROWLAND, DONALD J.      |  |
| STREET ADDRESS | 5401 31ST AVE. NO.      |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL       |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                           |  |
|--------------------|---------------------------|--|
| 1.1 TITLE          | VD                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | JUSTIN G. JOSEPH          |  |
| 1.3 STREET ADDRESS | 1266 SO. PINELLAS AVE     |  |
| 1.4 CITY-ST-ZIP    | TARPON SPRINGS FL 34689   |  |
| 2.1 TITLE          | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | DONALD J. ROWLAND         |  |
| 2.3 STREET ADDRESS | 5401 31 AVE N             |  |
| 2.4 CITY-ST-ZIP    | ST PETERSBURG FL 33710    |  |
| 3.1 TITLE          | TD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | LORRAINE F. BIRD          |  |
| 3.3 STREET ADDRESS | 1325 SNELL ISLE BLVD #217 |  |
| 3.4 CITY-ST-ZIP    | ST PETERSBURG FL 33704    |  |
| 4.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                           |  |
| 4.3 STREET ADDRESS |                           |  |
| 4.4 CITY-ST-ZIP    |                           |  |
| 5.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                           |  |
| 5.3 STREET ADDRESS |                           |  |
| 5.4 CITY-ST-ZIP    |                           |  |
| 6.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                           |  |
| 6.3 STREET ADDRESS |                           |  |
| 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)