

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 10 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/22/1979 | |
| 4. FEI Number 59-1960476 | Applied For <input type="checkbox"/> Not Applicable |

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

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 | TD | <input type="checkbox"/> DELETE |
| NAME | BIRD, LORRAINE F | |
| STREET ADDRESS | 1325 SNELL ISLE BLVD #217 | |
| CITY-ST-ZIP | ST PETERSBURG 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 | 2673 MADRID WAY SO | |
| CITY-ST-ZIP | ST PETERSBURG, FL 00000 | |
| TITLE | D | <input 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 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. DiNapoli, President** *Anne B. DiNapoli* 2/12/98 (912) 500-0000

CFR2E037 (10/97)