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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 Mailing Address
1484 52 AVE. NE **1484 52 AVE. NE**
ST. PETERSBURG FL 33703 **ST. PETERSBURG FL 33703**

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

3. Date Incorporated or Qualified

10/22/1979

4. FEI Number

59-1960476

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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

FL

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 ☐ DELETE
NAME **SD**
STREET ADDRESS **JONES, PATRICIA R**
CITY-ST-ZIP **1434 HILL DRIVE**
LARGO, FL 0
TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **DINAPOLI, ANNE**
CITY-ST-ZIP **1484 52 AVE N E**
ST PETERSBURG, FL 0
TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **BIRD, LORRAINE F**
CITY-ST-ZIP **1325 SNELL ISLE BLVD #217**
ST PETERSBURG FL
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BRACKEN, VIRGINIA**
CITY-ST-ZIP **2000 GULF BLVD #14**
BELLAIR BCH FL
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **YOUNGMAN, RUTHE E**
CITY-ST-ZIP **2673 MADRID WAY SO**
ST PETERSBURG, FL 00000
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ROWLAND, DONALD J.**
CITY-ST-ZIP **5401 31ST AVE. NO.**
ST. PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 (012) 500-0000

CR2E037 (10/97)