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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749415

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/22/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1960476	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

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	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 ANNE B. DI NAPOLI, Pres. 1-6-99
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	1.1 TITLE	
NAME	JONES, PATRICIA R	1.2 NAME	
STREET ADDRESS	1434 HILL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 0	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	DINAPOLI, ANNE	2.2 NAME	
STREET ADDRESS	1484 52 AVE N E	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 0	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BIRD, LORRAINE F	3.2 NAME	
STREET ADDRESS	1325 SNELL ISLE BLVD #217	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
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	5.1 TITLE	
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	D	6.1 TITLE	
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 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, with all other like empowered.

SIGNATURE: ANNE B. DI NAPOLI, Pres. 1-6-99 927-522-2353
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)