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Jan 21, 1999 8:00am

Secretary of State

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FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

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		26		10/22/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1960476	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution <input type="checkbox"/>	
29		30		\$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
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

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	2573 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, with all other like empowered.

SIGNATURE: ANNE B. DI NAPOLI, Pres. 1-6-99 (971) 522-2353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)