

Amended

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
08-04-2002 90166 043 *****68.00
749415

02 SEP -9 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749415**
1. Entity Name
FLORIDA GULF COAST AUTISM ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

100007730841--8
-09/13/02--01039--010
*****35.00 *****35.00

2. Principal Place of Business
1484 52ND AVE. N.E.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2122
Suite, Apt. #, etc.

08/04/02-90166-043-\$68.00

City & State
ST. PETERSBURG, FL

City & State
OLDSMAR, FLORIDA

Zip
33703

Country
USA

Zip
34677-2122

Country
USA

4. FEI Number
59-1960476

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SHELLY LIVINGSTON

Street Address (P.O. Box Number is Not Acceptable)
8719 SILVERMILE DR

City
TAMPA

FL Zip Code
33635

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **SHELLY LIVINGSTON** *[Signature]* **7/1/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**FEI IS \$61.25
Initial or Amended UBR**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME LAWRENCE D. CROW, ESQ -P/D	TITLE	NAME
STREET ADDRESS 1247 SOUTH PINELLAS AVE	CITY-ST-ZIP TARPON SPRINGS, FL 34689	STREET ADDRESS	CITY-ST-ZIP
TITLE VICE PRESIDENT	NAME EMILIO LASTARRIA, A.D. U/P/D	TITLE	NAME
STREET ADDRESS 4450 E. FLETCHER AVE #C	CITY-ST-ZIP TAMPA, FL 33613	STREET ADDRESS	CITY-ST-ZIP
TITLE SECRETARY	NAME MADGE HOMES S/D	TITLE	NAME
STREET ADDRESS 7201 NAJONA CT, TAMPA, FL	CITY-ST-ZIP 33634	STREET ADDRESS	CITY-ST-ZIP
TITLE TREASURER	NAME DUANE BISHOFF, CPA T/D	TITLE	NAME
STREET ADDRESS 3409 W. FLETCHER, TAMPA, FL	CITY-ST-ZIP 33618	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **7/29/02** **813-9556227**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)

9/10/02

Attachment # 749415 972308

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FLORIDA GULF COAST AUTISM ASSOCIATION, INC

2. The mailing address of the corporation: P.O. Box 2122, OLDSMAR, FLORIDA 34677-2122

3. Date of incorporation/qualification: 10/22/1979 Document number: 749415

4. The name and address of the current registered agent and office:

SNEYLY LIVINGSTON 6919 SILVERMILL DR TAMPA, FL. 33635

5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)

LAWRENCE D CROW, ESQ 1247 SOUTH PINELLAS AVE TARPON SPRINGS FLORIDA 34689

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

7/12/12 (Date)

LAWRENCE D. CROW, ESQ. (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

7/12/12 (Date)

If signing on behalf of an entity:

LAWRENCE D. CROW ESQ (Typed or Printed Name)

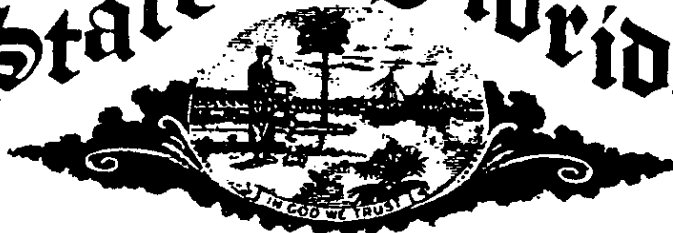
PRESIDENT (Capacity)

*** FILING FEE: \$35.00 ***

Attachment

749415 9/1/2005

State of Florida



Department of State

I certify from the records of this office that FLORIDA GULF COAST AUTISM ASSOCIATION, INC. is a corporation organized under the laws of the State of Florida, filed on October 22, 1979 .

The document number of this corporation is 749415.

I further certify that said corporation has paid all fees due this office through December 31, 2002, that its most recent annual report/uniform business report was filed on January 29, 2002, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.



CR2EO22 (1-99)

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Thirty-first day of January, 2002

Katherine Harris

Katherine Harris
Secretary of State