

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

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

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

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

City & State
ST. PETERSBURG, FL
 Zip
33703
 Country
USA

City & State
OLDSMAR, FLORIDA
 Zip
34677-2122
 Country
USA

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

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)
6719 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, typed or printed name of registered agent and title if applicable.

[Signature]
 (NOTE: Registered Agent Signature required when reappointing)

7/1/2002
 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LAWRENCE D. CROW, ESQ -P/D 1247 SOUTH PINELLAS AVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT EMILIO LASTARRIA, A.D. U/P/D 4450 E. FLETCHER AVE #C TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MADGE HONES S/D 7201 LAGUNA CT, TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DUANE BISHOFF, CPA T/D 3409 W. FLETCHER, TAMPA, FL 33618

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/02 **813-8556227**
 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:

SHERY 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)

7/12/02
(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