

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000157

FILED
Jan 06, 2010
Secretary of State

Entity Name: AUTISM PROJECT OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

5800 CORPORATE WAY
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

5800 CORPORATE WAY
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 52-2007008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTO, RICHARD
149 BEACON LANE
JUPITER, FL 33469 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BM
Name: SIANI, TRACY
Address: 79 LIGHTHOUSE DRIVE
City-St-Zip: JUPITER, FL 33469

Title: T
Name: CRUM, LYNNE MS.
Address: 305 MAPLEWOOD DRIVE
City-St-Zip: WPB, FL 33415

Title: P
Name: BUSTO, RICHARD
Address: 149 BEACON LANE
City-St-Zip: JUPITER, FL 33469

Title: BM
Name: KANJIAN, ROBERT MR.
Address: 314 CLEMATIS STREET SUITE 201
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP
Name: ROONEY, PATRICK J MR,
Address: 1111 NORTH CONGRESS
City-St-Zip: WEST PALM BEACH, FL 33409

Title: BM
Name: RUBIN, ROBERT MR.
Address: 255 SOUTH COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYNNE CRUM

T

01/06/2010

Electronic Signature of Signing Officer or Director

Date