

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006556

FILED
Apr 21, 2008
Secretary of State

Entity Name: CENTER FOR AUTISM RESOURCE AND EDUCATION, INC.

Current Principal Place of Business:

6215 LORRAINE ROAD
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

6431 JACKIE LYNN CT
SARASOTA, FL 34241

New Mailing Address:

7824 PANTHER RIDGE TRAIL
BRADENTON, FL 34202

FEI Number: 65-1054425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORDET, KIRSTINA
6431 JACKIE LYNN CT
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

ORDET, KIRSTINA
7824 PANTHER RIDGE TRAIL
BRADENTON, FL 34202 US

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:

04/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORDET, KIRSTINA
Address: 6431 JACKIE LYNN CT.
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: SMITH, MARY
Address: 6153 36TH LN E
City-St-Zip: BRADENTON, FL 34203

Title: V () Delete
Name: HUDSON, MARY BETH
Address: 6859 ARECA BLVD
City-St-Zip: SARASOTA, FL 34241

Title: T (X) Delete
Name: ORDET, KARL J
Address: 6431 JACKIE LYNN CT.
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ORDET, KIRSTINA
Address: 7824 PANTHER RIDGE TRAIL
City-St-Zip: BRADENTON, FL 34202

Title: V (X) Change () Addition
Name: SMITH, MARY
Address: 6153 36TH LN E
City-St-Zip: BRADENTON, FL 34203

Title: T (X) Change () Addition
Name: ORDET, KARL
Address: 7824 PANTHER RIDGE TRAIL
City-St-Zip: BRADENTON, FL 34202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KARL ORDET

T

04/21/2008

Electronic Signature of Signing Officer or Director

Date