

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 20, 2009
Secretary of State**

DOCUMENT# N00000006556

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:

6215 LORRAINE ROAD
BRADENTON, FL 34202

Current Mailing Address:

7824 PANTHER RIDGE TRAIL
BRADENTON, FL 34202

New Mailing Address:

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
7824 PANTHER RIDGE TRAIL
BRADENTON, FL 34202 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: P () Delete
Name: ORDET, KRISTINA
Address: 7824 PANTHER RIDGE TRAIL
City-St-Zip: BRADENTON, FL 34202

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S () Change (X) Addition
Name: COLOMBO, RAPHAEL
Address: 9020 58TH DRIVE EAST, #102
City-St-Zip: BRADENTON, FL 34202

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

03/20/2009

Electronic Signature of Signing Officer or Director

Date