

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001752

FILED
May 19, 2004
Secretary of State

Entity Name: AUTISM SOCIETY OF MIAMI-DADE COUNTY, INC.

Current Principal Place of Business:

PO BOX 831405
MIAMI, FL 33283

New Principal Place of Business:

Current Mailing Address:

PO BOX 831405
MIAMI, FL 33283

New Mailing Address:

FEI Number: 46-0471696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAAS, NORMAN M ESQ
113 ALMERIA AVE.
CORAL GABLES, FL 33134 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: PD () Delete
Name: DE MARIA, ROBERT
Address: 10720 SW 146TH PL
City-St-Zip: MIAMI, FL 33186

Title: VD () Delete
Name: DRAPER, PAUL
Address: 8600 SW 212TH ST., APT. 108
City-St-Zip: MIAMI, FL 33189

Title: SD () Delete
Name: DE DIOS, LOURDES
Address: 2820 SW 97TH PL
City-St-Zip: MIAMI, FL 33165

Title: TD () Delete
Name: MOWRER, LOUISA LOPEZ-
Address: 6220 SW 135TH AVE.
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VEGA, RENE
Address: 13351 SW 83RD AVE
City-St-Zip: MIAMI, FL 33156

Title: VD (X) Change () Addition
Name: PATTERSON, JACK
Address: 10520 SW 110TH ST
City-St-Zip: MIAMI, FL 33176

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LUISA LOPEZ-MOWRER

TD

05/19/2004

Electronic Signature of Signing Officer or Director

Date