

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003972

FILED
Jan 07, 2008
Secretary of State

Entity Name: PROVIDING AUTISM LINKS & SUPPORT, INC.

Current Principal Place of Business:

1237 ROYAL OAK DRIVE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

1931 BIRCHWOOD LOOP
LAKELAND, FL 33811

Current Mailing Address:

1237 ROYAL OAK DRIVE
WINTER SPRINGS, FL 32708

New Mailing Address:

1931 BIRCHWOOD LOOP
LAKELAND, FL 33811

FEI Number: 01-0717788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NYE, CHAD DR.
1237 ROYAL OAK DRIVE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

NYE, CHAD DR.
1931 BIRCHWOOD LOOP
LAKELAND, FL 33811 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:

01/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHULER, JAMES M JR
Address: 2295 HIAWASSEE ROAD
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: DALY, TERESA A DR
Address: 719 CARLILE LAKE BLVD
City-St-Zip: ORLANDO, FL 32829

Title: D () Delete
Name: NYE, CHAD W DR
Address: 1237 ROYAL OAK DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Delete
Name: METELKO, SCOTT D MR
Address: 2630 TAFT AVE
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Delete
Name: SAMUELS-PODVIN, JUDEE D MRS
Address: 6608 ANDREA ROSE DR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NYE, CHAD DR
Address: 1931 BIRCHWOOD LOOP
City-St-Zip: LAKELAND, FL 33811

Title: D (X) Change () Addition
Name: DALY, TERESA A DR
Address: 719 CARSLILE LAKE BLVD
City-St-Zip: ORLANDO, FL 32829

Title: D (X) Change () Addition
Name: JUDEE, SAMUELS-PODVIN MRS.
Address: 6608 ANDREA ROSE DR
City-St-Zip: ORLANDO, FL 32835

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 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: CHAD NYE

D

01/07/2008

Electronic Signature of Signing Officer or Director

Date