

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003972

FILED
Apr 15, 2009
Secretary of State

Entity Name: PROVIDING AUTISM LINKS & SUPPORT, INC.

Current Principal Place of Business:

1931 BIRCHWOOD LOOP
LAKELAND, FL 33811

New Principal Place of Business:

12001 SCIENCE DRIVE
SUITE 145
ORLANDO, FL 32826

Current Mailing Address:

1931 BIRCHWOOD LOOP
LAKELAND, FL 33811

New Mailing Address:

12001 SCIENCE DRIVE
SUITE 145
ORLANDO, FL 32826

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.
1931 BIRCHWOOD LOOP
LAKELAND, FL 33811 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: D () Delete
Name: NYE, CHAD DR
Address: 1931 BIRCHWOOD LOOP
City-St-Zip: LAKELAND, FL 33811

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SHULER, JAMES MR
Address: 10532 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32836

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: DR. TERESA DALY

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date