

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003972

FILED
May 06, 2010
Secretary of State

Entity Name: PROVIDING AUTISM LINKS & SUPPORT, INC.

Current Principal Place of Business:

12001 SCIENCE DRIVE
SUITE 145
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

12001 SCIENCE DRIVE
SUITE 145
ORLANDO, FL 32826

New Mailing Address:

PO BOX 781458
ORLANDO, FL 32878 US

FEI Number: 01-0717788 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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/T
Name: NYE, CHAD DR
Address: 1931 BIRCHWOOD LOOP
City-St-Zip: LAKELAND, FL 33811

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

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

Title: D/S
Name: SAMUELS, JUDITH A MS
Address: 11800 MEADOW BRANCH DRIVE, APT. 417
City-St-Zip: ORLANDO, FL 32825

I hereby 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 all other like empowered.

SIGNATURE: JUDITH SAMUELS

D/S

05/06/2010

Electronic Signature of Signing Officer or Director

Date