2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N03000009804

Entity Name: AUTISM & RELATED DISABILITIES GYM PROGRAM, INC.

Current Principal Place of Business:

1054 ORANGE WHARF CT
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

1054 ORANGE WHARF CT
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 14-1899940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOUWERS, JO-ANNE
1054 ORANGE WHARF CT
WINTER GARDEN, FL 34787 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: S
Name: RIVERA, EVELYN
Address: 3155 RIDER PLACE
City-St-Zip: ORLANDO, FL 32817 US

Title: T
Name: HOUWERS, JOSEPH
Address: 1054 ORANGE WHARF CT.
City-St-Zip: WINTER GARDEN, FL 34787

Title: V
Name: MOSS, ALAN
Address: 8802 LAKE MABLE
City-St-Zip: ORLANDO, FL 32836

Title: V
Name: DAVISON, MARYLOU
Address: 9834 PEDDLERS WAY
City-St-Zip: ORLANDO,, FL 32817

Title: V
Name: ROUMELIOTIS, LAURI
Address: 7937 BEECHDALE CT.
City-St-Zip: ORLANDO, FL 32818

Title: VP
Name: JENNIFER, HOUWERS
Address: 1054 ORANGE WHARF CT.
City-St-Zip: WINTER GARDEN, FL 34787

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: JO-ANNE HOUWERS P 01/05/2012

Electronic Signature of Signing Officer or Director Date