

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04057

FILED
Apr 30, 2012
Secretary of State

Entity Name: GULF COAST AUTISM ASSOCIATION, INC.

Current Principal Place of Business:

4866 SHERBROOK DRIVE
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

BOX 21105
ST PETERSBURG, FL 337421105 US

New Mailing Address:

FEI Number: 59-2468081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKETT, KATHRYN D
2395 OLD COACH TRAIL
CLEARWATER, FL 33765 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: T
Name: LOCKETT, KATHRYN D
Address: 2395 OLD COACH TRAIL
City-St-Zip: CLEARWATER, FL 33765

Title: P
Name: MACDONALD, FILOMEMA
Address: 4866 SHERBROCK DR.
City-St-Zip: OLDSMAR, FL 34677

Title: V
Name: PALERMO, JIM
Address: 8615 MAGNOLINA DR.
City-St-Zip: SEMINOLE, FL 33777

Title: D
Name: MILLAN, ANNA D
Address: 3963 COVE W DR.
City-St-Zip: PALM HARBOR, FL 34685

Title: D
Name: PALERMO, TERRI
Address: 8615 MAGNOLIA DR
City-St-Zip: SEMINOLE, FL 33777

Title: D
Name: WOOLDRIDGE, JAN
Address: 10847 INDIAN HILL CT #28
City-St-Zip: LARGO, FL 34647

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: KATHRYN D. LOCKETT

TREA

04/30/2012

Electronic Signature of Signing Officer or Director

Date