

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006447

FILED
Apr 15, 2009
Secretary of State

Entity Name: CONCERNED PARENTS OF AUTISTIC CHILDREN, INC.

Current Principal Place of Business:

13014 WATERFORD RUN DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

13014 WATERFORD RUN DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 20-3084281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWENS LAW GROUP, P.A.
811-B CYPRESS VILLAGE BLVD
RUSKIN, FL 33573 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: PD () Delete
Name: MOURSI, HOUSAM D.O.
Address: 4510 GENTRICE DR
City-St-Zip: VALRICO, FL 33594

Title: VPD () Delete
Name: SUE-WAH-SING, CECIL B M.D.
Address: 13014 WATERFORD RUN DR
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: RADULOVIC, TANYA
Address: 12026 PENNFIELD PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: TD () Delete
Name: MOONEY-CROUCH, KAREN
Address: 14112 CREEK RUN DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CECIL SUE-WAH-SING

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date