

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007163

FILED  
Mar 07, 2008  
Secretary of State

**Entity Name:** TEACHING THE AUTISTIC THROUGH LIVING AND LEARNING INC.

**Current Principal Place of Business:**

383 N.E. BAKER ROAD  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 682  
JENSEN BEACH, FL 34958

**New Mailing Address:**

**FEI Number:** 20-3152812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 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: WELKER, NANCY C  
Address: 4040 NE SUGARHILL AVENUE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete  
Name: WELKER, ROGER L JR  
Address: 4040 NE SUGARHILL AVENUE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete  
Name: WADE, MABEL  
Address: 9295 SW MICHELE DR.  
City-St-Zip: STUART, FL 34997

**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:

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: NANCY C WELKER

D

03/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date