

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005689

FILED
Jun 16, 2009
Secretary of State

Entity Name: APPLIED BEHAVIOR CENTER, INC,

Current Principal Place of Business:

113 W. CHAPMAN ROAD
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

3550 N. GOLDENROD RD
WINTER PARK, FL 32792

New Mailing Address:

113 W. CHAPMAN ROAD
OVIEDO, FL 32765

FEI Number: 20-4945313 **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:

KHOMUTETSKY, HYNDI
1504 PEBBLE BAY COVE
ORLANDO, FL 32828 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: KHOMUTETSKY, HYNDI
Address: 3550 N. GOLDENROD RD
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: BARBER, BOBBI
Address: 3550 N. GOLDENROD RD.
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: TIMMONS, JAMES
Address: 2041 E. LAKE MARY BLVD
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KHOMUTETSKY, HYNDI
Address: 113 WEST CHAPMAN RD
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change () Addition
Name: BARBER, BOBBI
Address: 113 WEST CHAPMAN ROAD
City-St-Zip: OVIEDO, FL 32765

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: HYNDI KHOMUTETSKY

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date