

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004640

FILED
Jan 11, 2009
Secretary of State

Entity Name: FLORIDA AUTISM COALITION FOR EDUCATION AND SERVICES INC.

Current Principal Place of Business:

129 FORRESTER PLACE
PALM COAST, FL 321374403

New Principal Place of Business:

Current Mailing Address:

129 FORRESTER PLACE
PALM COAST, FL 321374403

New Mailing Address:

FEI Number: 26-0223782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: P () Delete
Name: ABRAMS, BRIAN
Address: 129 FORRESTER PLACE
City-St-Zip: PALM COAST, FL 321374403

Title: ST () Delete
Name: ABRAMS, JULIE
Address: 129 FORRESTER PLACE
City-St-Zip: PALM COAST, FL 321374403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BRIAN H ABRAMS

PRES

01/11/2009

Electronic Signature of Signing Officer or Director

Date