

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009510

FILED
Jan 06, 2009
Secretary of State

Entity Name: FACE AUTISM, INC.

Current Principal Place of Business:

15922 29TH ST E.
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

15922 29TH ST E.
PARRISH, FL 34219

New Mailing Address:

FEI Number: 26-1141761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCCIERI, COLLEEN A
15922 29TH STREET E.
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

BUCCIERI, COLLEEN A
6570 ANCHOR LOOP
#104
BRADENTON, FL 34212 US

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:

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUCCIERI, COLLEEN A
Address: 1425 NEW BRITAIN DRIVE
City-St-Zip: BRANDON, FL 33511

Title: VP () Delete
Name: SORIANO, YVONNE R
Address: 15922 29TH STREET EAST
City-St-Zip: PARRISH, FL 34219

Title: S () Delete
Name: HUDSON, ALMA
Address: 5333 RIO VISTA
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BUCCIERI, COLLEEN A
Address: 6570 ANCHOR LOOP #104
City-St-Zip: BRADENTON, FL 34212

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: COLLEEN A. BUCCIERI

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date