

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006725

FILED
Apr 30, 2009
Secretary of State

Entity Name: AUTISM AND SPECIAL NEEDS CHILDREN'S WELLNESS FOUNDATION, INC.

Current Principal Place of Business:

4400 SAMPLE RD
114
COCONUT CREEK, FL 33073

Current Mailing Address:

POB 5721
LIGHTHOUSE POINT, FL 33074

New Principal Place of Business:

4699 N FEDERAL HWY
208K
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

4699 N FEDERAL HWY
208K
LIGHTHOUSE POINT, FL 33064

FEI Number: 26-3002426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSTELNIK, YOMIN
4400 SAMPLE RD
114
COCONUT CREEK, FL 33073 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: C () Delete
Name: POSTELNIK, YOMIN
Address: POB 5721
City-St-Zip: LIGHTHOUSE POINT, FL 33074

Title: P () Delete
Name: SCOTT, HERMAN J D.C.
Address: 4400 SAMPLE RD, STE 114
City-St-Zip: COCONUT CREEK, FL 33073

Title: S () Delete
Name: POSTELNIK, FERN B
Address: POB 5721
City-St-Zip: LIGHTHOUSE POINT, FL 33074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: POSTELNIK, YOMIN
Address: 4699 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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

Title: S (X) Change () Addition
Name: POSTELNIK, FERN B
Address: 4699 N FEDERAL HWY
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: YOMIN POSTELNIK

C

04/30/2009

Electronic Signature of Signing Officer or Director

Date