

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007925

FILED
Jan 07, 2012
Secretary of State

Entity Name: SLOMIN FAMILY CENTER FOR AUTISM AND RELATED DISABILITIES, INC.

Current Principal Place of Business:

4557 WHITE CEDAR LANE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4557 WHITE CEDAR LANE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 90-0413711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINER, LAWRENCE
1428 BRICKELL AVE SUITE 400
MIAMI, FL 33131 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/D
Name: SLOMIN, SANDRA C
Address: 4557 WHITE CEDAR LANE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VP/D
Name: HANDELMAN, ADAM J
Address: 2025 BROADWAY, APT 30H
City-St-Zip: NEW YORK, NY 10023 US

Title: D
Name: LORI, CAMERON
Address: 4557 WHITE CEDAR LANE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D
Name: RICHARD, PREVER
Address: 5791 BRIDLEWAY CIRCLE
City-St-Zip: BOCA RATON, FL 33496 US

I hereby 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 all other like empowered.

SIGNATURE: SANDRA C SLOMIN

P/D

01/07/2012

Electronic Signature of Signing Officer or Director

Date