

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010907

FILED
Mar 18, 2009
Secretary of State

Entity Name: AUTISM HOPE ALLIANCE, INC.

Current Principal Place of Business:

752 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

752 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 26-4077150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DAVID A
99 NESBIT ST.
PUNTA GORDA, FL 33950 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: BOHAGER, THOMAS G
Address: 752 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: TRIMBLE, GARY D
Address: 752 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: BAGBY, DALE
Address: 752 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DALE BAGBY

D

03/18/2009

Electronic Signature of Signing Officer or Director

Date