

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010907

FILED  
Jan 06, 2011  
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:**

136 N. TAMIAMI TRAIL  
OSPREY, FL 34229

**Current Mailing Address:**

752 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

136 N. TAMIAMI TRAIL  
OSPREY, FL 34229

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:**

CORIELL, TOBY L  
105 NORTH CREEK DR.  
OSPREY, FL 34229 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: TOBY CORIELL

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BOHAGER, THOMAS G  
Address: 752 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33953

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

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

Title: D  
Name: CORIELL, TOBY L  
Address: 136 N. TAMIAMI TRAIL  
City-St-Zip: OSPREY, FL 34229

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: TOBY CORIELL

D

01/06/2011

Electronic Signature of Signing Officer or Director

Date