

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010907

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** AUTISM HOPE ALLIANCE, INC.

**Current Principal Place of Business:**

136 N. TAMiami TRAIL  
OSPREY, FL 34229

**New Principal Place of Business:**

752 TAMiami TRAIL  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

136 N. TAMiami TRAIL  
OSPREY, FL 34229

**New Mailing Address:**

752 TAMiami TRAIL  
PORT CHARLOTTE, FL 33953

**FEI Number:** 26-4077150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BOHAGER, THOMAS G  
752 TAMiami TRAIL  
PORT CHARLOTTE, FL 33953 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: THOMAS G. BOHAGER

01/11/2012

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

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: THOMAS G. BOHAGER

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01/11/2012

Electronic Signature of Signing Officer or Director

Date