

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 25, 2012**  
**Secretary of State**

DOCUMENT# N08000010907

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

Title: D, C  
Name: GONZALEZ, KRISTIN S  
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

D

06/25/2012

Electronic Signature of Signing Officer or Director

Date