

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011329

FILED
May 02, 2009
Secretary of State

Entity Name: THE FAMILY HOME CARE SERVICES FOR AUTISM, INC.

Current Principal Place of Business:

C/O MICHAEL PAELMO
10824 TEA OLIVE LANE
BOCA RATON, FL 33498 US

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL PAELMO
10824 TEA OLIVE LANE
BOCA RATON, FL 33498 US

New Mailing Address:

FEI Number: 80-0318170 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARRAMEDA, MARIA B
16 ROYAL PALM WAY
105
BOCA RATON, FL 33432 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARRAMEDA, ESTHER L M.D.
Address: 141 ALCAZAR STREET
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VP () Delete
Name: BASCO, BEN
Address: 8950 SADDLE CREEK DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

Title: SEC () Delete
Name: BASCO, ANNIE
Address: 8950 SADDLE CREEK DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

Title: DIR () Delete
Name: BRAGA, JOSEPHINE
Address: 2012 CROSS BREEZE DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: DIR () Delete
Name: PAYGANE, ADELAIDA
Address: 2280 NW 3RD COURT
City-St-Zip: BOCA RATON, FL 33431 US

Title: DIR () Delete
Name: FELIPE, REY
Address: 9045 SADDLE CREEK DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

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:

Title: () Change () Addition
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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: ESTHER BARRAMEDA

PRES

05/02/2009

Electronic Signature of Signing Officer or Director

Date