

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000227

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** ROCK FOR AUTISM OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

17121 CAM CT  
UNIT #1  
FT MYERS, FL 33967

**New Principal Place of Business:**

17041 ALICO COMMERCE CT  
UNIT #4  
FT MYERS, FL 33967

**Current Mailing Address:**

17121 CAM CT  
UNIT #1  
FT MYERS, FL 33967

**New Mailing Address:**

17041 ALICO COMMERCE CT  
UNIT 4  
FT MYERS, FL 33967

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VASKE, RICK  
17121 CAM CT  
UNIT 1  
FT MYERS, FL 33967 US

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

VASKE, RICK  
17041 ALICO COMMERCE CT  
UNIT 4  
FT MYERS, FL 33967 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: RICK VASKE

04/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VASKE, RICK  
Address: 17041 ALICO COMMERCE CT UNIT 4  
City-St-Zip: FT MYERS, FL 33967

Title: VP  
Name: VASKE, KAREN  
Address: 207 MAPLE ST  
City-St-Zip: CINCINNATI, OH 45215

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: RICK VASKE

P

04/07/2010

Electronic Signature of Signing Officer or Director

Date