

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000975

FILED
Feb 13, 2012
Secretary of State

Entity Name: AUTISM EDUCATION CENTER INC

Current Principal Place of Business:

AUTISM EDUCATION CENTER
1612 TENNESSEE AVENUE
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

AUTISM EDUCATION CENTER
1612 TENNESSEE AVENUE
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 26-4556123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EZELL, HELEN D
1800 MARYLAND AVENUE
LYNN HAVEN, FL 32444 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: DIR
Name: EZELL, HELEN D
Address: 1800 MARYLAND AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 UN

Title: DIR
Name: EZELL, JOSEPH L
Address: 1800 MARYLAND AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 UN

Title: CPA
Name: BRYANT, LISA
Address: 3511 HIDDEN VALLEY COURT
City-St-Zip: LYNN HAVEN, FL 32444 UN

Title: OFF
Name: BRYANT, ALAN
Address: 3511 HIDDEN VALLEY COURT
City-St-Zip: LYNN HAVEN, FL 32444 UN

Title: MGR
Name: KEELEY, WILLIAM
Address: 1612 TENNESSEE AVE
City-St-Zip: LYNN HAVEN, FL 32444 UN

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: HELEN EZELL

DIR

02/13/2012

Electronic Signature of Signing Officer or Director

Date