2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# N09000001141

Entity Name: THE AUTISM CENTER OF MIAMI, INC.

Current Principal Place of Business:

14036 SW 90TH AVE., #AA203
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

14036 SW 90TH AVE., #AA203
MIAMI, FL 33176

New Mailing Address:

FEI Number: 26-4452797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYKIN, TONI R
14036 SW 90TH AVE., #AA203
MIAMI, FL 33176 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: PD
Name: BOYKIN, TONI R
Address: 14036 SW 90TH AVE., #AA203
City-St-Zip: MIAMI, FL 33176

Title: D
Name: STEWART, GAYE
Address: 14036 SW 90TH AVE., #AA203
City-St-Zip: MIAMI, FL 33176

Title: D
Name: GILLESPIE, DEREK E JR.
Address: 14036 SW 90TH AVE., #AA203
City-St-Zip: MIAMI, FL 33176

Title: D
Name: REED, LAJEAN R
Address: 14036 SW 90TH AVE., #AA203
City-St-Zip: MIAMI, FL 33176

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: TONI BOYKIN PD 01/06/2012

Electronic Signature of Signing Officer or Director Date