2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2012
Secretary of State

DOCUMENT# N09000001924

Entity Name: AUTISTIC/HANDICAPPED CHILDREN OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

16049 RIVER POINTE COURT
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

16049 RIVER POINTE COURT
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 59-3013693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAL, ANDREW A
16049 RIVER POINTE COURT
ORLANDO, FL 32828 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: P/D
Name: KRAL, ANDREW A
Address: 16049 RIVER POINTE COURT
City-St-Zip: ORLANDO, FL 32828

Title: VP/T
Name: KRAL, DEBRA L
Address: 16049 RIVER POINTE COURT
City-St-Zip: ORLANDO, FL 32828

Title: SEC
Name: EVERETT, WENDY
Address: 14106 GOLDEN RAINTREE BLVD
City-St-Zip: ORLANDO, FL 32828

Title: DIR
Name: STEVENS, MITZI
Address: 2218 DOE CROSSING COURT
City-St-Zip: ORLANDO, FL 32837

Title: DIR
Name: HOSSLER, CINDY
Address: 3326 WALTON RD
City-St-Zip: APOPKA,, FL 32703

Title: DIR
Name: KRAL, EVA MEREDITH
Address: 11399 WILLOW GARDENS DR.
City-St-Zip: WINDERMERE, FL 34786

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: ANDREW KRAL PRES 04/08/2012

Electronic Signature of Signing Officer or Director — Date