

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009138

FILED
Jan 18, 2012
Secretary of State

Entity Name: TREASURE COAST AUTISM PROJECT INC.

Current Principal Place of Business:

2899 SE ITALY STREET
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2899 SE ITALY STREET
PORT SAINT LUCIE, FL 34952

New Mailing Address:

P.O. BOX 102
PALM CITY, FL 34991

FEI Number: 27-0867786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANKIN, LISA
2899 SE ITALY STREET
PORT SAINT LUCIE, FL 34952 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: EXD
Name: RANKIN, LISA
Address: 2899 SE ITALY STREET
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SECR
Name: BERRYHILL, STACIE
Address: 1990 NE 23RD TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP
Name: MATTOON, LINDA J
Address: P.O. BOX 102
City-St-Zip: PALM CITY, FL 34991

Title: TREA
Name: GEORGE, GENEVIEVE E
Address: P.O. BOX 102
City-St-Zip: PALM CITY, FL 34991

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: GENEVIEVE GEORGE

TREA

01/18/2012

Electronic Signature of Signing Officer or Director

Date