

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002047

FILED
Jan 20, 2011
Secretary of State

Entity Name: INFINITE GRACE AUTISM ACADEMY, INC.

Current Principal Place of Business:

2108 LEWIS TURNER BLVD.
FT WALTON BEACH, FL 32574 US

New Principal Place of Business:

348 MIRACLE STRIP PKWY
UNIT# 30
FT WALTON BEACH, FL 32548 US

Current Mailing Address:

2108 LEWIS TURNER BLVD.
FT WALTON BEACH, FL 32574 US

New Mailing Address:

348 MIRACLE STRIP PKWY
UNIT# 30
FT WALTON BEACH, FL 32548 US

FEI Number: 27-2004395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, LYNN O
2108 LEWIS TURNER BLVD.
FT. WALTON BEACH, FL 32547 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: CEO
Name: LAMBERT, LYNN O
Address: 2108 LEWIS TURNER BLVD.
City-St-Zip: FT WALTON BEACH, FL 32547 US

Title: PRES
Name: REID, KAREN M
Address: 2108 LEWIS TURNER BLVD.
City-St-Zip: FT WALTON BEACH, FL 32547 US

Title: VP
Name: LAMBERT, DONALD L SR
Address: 2108 LEWIS TURNER BLVD.
City-St-Zip: FT WALTON BEACH, FL 32547 FL

Title: VP
Name: REID, SEAN C
Address: 2108 LEWIS TURNER BLVD.
City-St-Zip: FT WALTON BEACH, FL 32547 FL

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: LYNN O. LAMBERT

CEO

01/20/2011

Electronic Signature of Signing Officer or Director

Date