

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009009

FILED
Apr 13, 2011
Secretary of State

Entity Name: AUTISM 4 PARENTS INC.

Current Principal Place of Business:

16420 SE 9T CT
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

16420 SE 9T CT
SUMMERFIELD, FL 34491

New Mailing Address:

FEI Number: 12-4081578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIN, MARTIN E
16420 SE 9TH CT
SUMMERFIELD, FL, FL 34491 US

Name and Address of New Registered Agent:

STEIN, MARTIN E
16420 SE 9TH CT
SUMMERFIELD, FL 34491 US

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: MARTIN E STEIN

04/13/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: STEIN, TERRY L
Address: 16420 SE 9T CT
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP
Name: STEIN, MARTIN E
Address: 16420 SE 9TH CT
City-St-Zip: SUMMERFIELD, FL 34491

Title: SEC.
Name: STEIN, SARAH A
Address: 16420 SE 9TH CT
City-St-Zip: SUMMERFIELD, FL 34491

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: MARTIN E STEIN

VP

04/13/2011

Electronic Signature of Signing Officer or Director

Date