

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009009

FILED  
Jan 06, 2012  
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 (X)

**Name and Address of Current Registered Agent:**

STEIN, MARTIN E  
16420 SE 9TH CT  
SUMMERFIELD, FL 34491 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  
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: L  
Name: STEIN, SARAH A D  
Address: 16420 SE 9TH CT  
City-St-Zip: SUMMERFIELD, FL 34491

Title: D  
Name: PURGASON, JASON  
Address: 145 FOXFIELD DR  
City-St-Zip: HARMONY, NC 28634

Title: L  
Name: BAXIA, LAUREL D  
Address: 425 SW 14TH ST  
City-St-Zip: OCALA, FL 34474

Title: S  
Name: PEREZ-MORTON, TINA  
Address: 2705 SE 157TH LANE RD  
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: TERRY L STEIN

P

01/06/2012

Electronic Signature of Signing Officer or Director

Date