

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009023

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** EBA FOR AUTISM INC.

**Current Principal Place of Business:**

204 CITRUS AVE  
NOKOMIS, FL 34275

**New Principal Place of Business:**

401 ALBEE RD WEST  
NOKOMIS, FL 34275

**Current Mailing Address:**

204 CITRUS AVE  
NOKOMIS, FL 34275

**New Mailing Address:**

401 ALBEE RD WEST  
NOKOMIS, FL 34275

**FEI Number:** 27-3489760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNN, PATRICK  
204 CITRUS AVE  
NOKOMIS, FL 34275 US

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

LYNN, PATRICK  
84 5TH ST WEST  
NOKOMIS, FL 34275 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:

04/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LYNN, LINDA  
Address: 84 5TH ST WEST  
City-St-Zip: NOKOMIS, FL 34275

Title: VP  
Name: LYNN, PATRICK J  
Address: 84 5TH ST WEST  
City-St-Zip: NOKOMIS, FL 34275

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: LINDA LYNN

PRES

04/23/2011

Electronic Signature of Signing Officer or Director

Date