

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002676

FILED
Apr 30, 2012
Secretary of State

Entity Name: WARRIORS FOR AUTISM INCORPORATED

Current Principal Place of Business:

8319 W POCAHONTAS AVENUE
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

8319 W POCAHONTAS AVENUE
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 45-4864431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIVERA, OLANDO R SR.
8319 W POCAHONTAS AVENUE
TAMPA, FL 33615 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: D
Name: VELEZ-RIVERA, DEENA
Address: C/O 8319 W POCAHONTAS AVENUE
City-St-Zip: TAMPA, FL 33615 US

Title: D
Name: ALVAREZ, MIOSOTIS
Address: C/O 8319 W POCAHONTAS AVENUE
City-St-Zip: TAMPA, FL 33615 US

Title: D
Name: MAUER, SHARON
Address: C/O 8319 W POCAHONTAS AVENUE
City-St-Zip: TAMPA, FL 33615

Title: D
Name: RIVERA, OLANDO R SR.
Address: C/O 8319 W POCAHONTAS AVENUE
City-St-Zip: TAMPA, FL 33615

Title: D
Name: GETTYS, SUSANNE MHS
Address: C/O 8319 W POCAHONTAS AVENUE
City-St-Zip: TAMPA, FL 33615

Title: D
Name: MANE, NELSON MD
Address: C/O 8319 W POCAHONTAS AVENUE
City-St-Zip: TAMPA, FL 33615

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: DEENA VELEZ-RIVERA

CEO

04/30/2012

Electronic Signature of Signing Officer or Director

Date