

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006959

FILED
May 29, 2012
Secretary of State

Entity Name: AUTISM CAREGIVERS CONNECT INC.

Current Principal Place of Business:

3933 OAK HILL DR
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 160
SHARPES, FL 32959 US

New Mailing Address:

FEI Number: 45-2814988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, JOHNNY D JR
3933 OAK HILL DR
COCOA, FL 32926 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: BLANTON, JOHNNY D JR
Address: 3933 OAK HILL DR
City-St-Zip: COCOA, FL 32926 US

Title: SEC
Name: MOLINA, KIMBERLY A
Address: 1515 HUNTINGTON LANE, #212
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: TR
Name: BLANTON, PATRICIA R
Address: 3933 OAK HILL DR
City-St-Zip: COCOA, FL 32926 US

Title: D
Name: CLINTON, KATHERINE E
Address: 353 BIRCH ST
City-St-Zip: TITUSVILLE, FL 32780

Title: D
Name: MCFADDEN, BARBARA
Address: 2700 JUDGE FRAN JAMIESON WAY
City-St-Zip: VIERA,, FL 32940

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: JOHNNY D BLANTON

PR

05/29/2012

Electronic Signature of Signing Officer or Director

Date