

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009429

FILED
Mar 26, 2012
Secretary of State

Entity Name: AUTISM AFTER 21, INC.

Current Principal Place of Business:

3900 NW 23RD TERRACE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 811702
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: 45-3843143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN B
100 W. CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE, FL 33309 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: RUBIN, MICHELLE
Address: P.O. BOX 811702
City-St-Zip: BOCA RATON, FL 33481

Title: D
Name: ABRAMS, DEBBIE
Address: P.O. BOX 811702
City-St-Zip: BOCA RATON, FL 33481

Title: D
Name: CHANEY, MARINA L
Address: P.O. BOX 811702
City-St-Zip: BOCA RATON, FL 33481

Title: D
Name: KELLY, SHERRY S PHD
Address: P.O. BOX 811702
City-St-Zip: BOCA RATON, FL 33481

Title: D
Name: LOCKE, LIZ
Address: P.O. BOX 811702
City-St-Zip: BOCA RATON, FL 33481

Title: D
Name: SIEGEL, MADELEINE
Address: P.O. BOX 811702
City-St-Zip: BOCA RATON, FL 33481

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: MICHELLE RUBIN

MRS.

03/26/2012

Electronic Signature of Signing Officer or Director

Date