

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010770

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Entity Name:** SANDRA C. SLOMIN FOUNDATION FOR AUTISM AND RELATED DISABILITIES, INC.

**Current Principal Place of Business:**

4557 WHITE CEDAR LANE  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4557 WHITE CEDAR LANE  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 90-0413711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEINER, LAWRENCE  
1428 BRICKELL AVENUE  
SUITE 400  
MIAMI, FL 33131 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/D  
Name: SLOMIN, SANDRA C  
Address: 4557 WHITE CEDAR LANE  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VP/D  
Name: HANDELMAN, ADAM J  
Address: 2025 BROADWAY APT 300H  
City-St-Zip: NY, NY 110023 US

Title: D  
Name: CAMERON, LORRAINE  
Address: 4557 WHITE CEDAR LANE  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D  
Name: PREVER, RICHARD  
Address: 5791 BRIDLEWAY CIRCLE  
City-St-Zip: BOCA RATON, FL 33496 US

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: SANDRA C SLOMIN

P/D

02/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date