

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000334

FILED
Feb 17, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA AUTISM INSTITUTE, INC.

Current Principal Place of Business:

1525 S. FLORIDA AVENUE
STE 2
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

1525 S. FLORIDA AVENUE
STE 2
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number: 59-3427964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DENNIS A
ROSS, VECCHIO, PA
3308 CLEVELAND HGTS BLVD
LAKELAND, FL 33803 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: VANMETER, DAWN
Address: 2150 KENDALL LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D
Name: GILLAN, MARY
Address: 934 BONNIE DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: C
Name: JOHNSON, LIZ
Address: 215 E. CARLISLE ROAD
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: HANNIFAN, DEBBIE
Address: 848 ORANGE PRK AVE
City-St-Zip: LAKELAND, FL 33801

Title: D
Name: MILLICAN, HANSEL B
Address: 839 SAGAMORE ST.
City-St-Zip: LAKELAND, FL 33803

Title: T
Name: HOLLADAY, CANDACE
Address: 107 BURNS LN SE
City-St-Zip: WINTER HAVEN, FL 33884

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: TERRY L. MILLICAN

ED

02/17/2011

Electronic Signature of Signing Officer or Director

Date