2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2017
Secretary of State
CC6323471456

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Entity Name: PROJECT AUTISM OF ST.JOHNS, INC.

Current Principal Place of Business:

323 SUMMERCOVE CIR
ST. AUGUSTINE, FL 32086

Current Mailing Address:

323 SUMMERCOVE CIR
ST. AUGUSTINE, FL 32086

FEI Number: 26-3442705

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLEVINS, GINA M
323 SUMMERCOVE CIR
ST. AUGUSTINE, FL 32086 US

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

Officer/Director Detail :

Title	DS
Name	DEETER, KATHLEEN
Address	40 RHODE AVE
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	DVP
Name	BOOTH, KRISTEN
Address	139 PARKSIDE DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32095

Title	DP
Name	BLEVINS, TROY
Address	323 SUMMERCOVE CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	D
Name	CABRERA, DEL
Address	1512 HIGHLAND FORREST DRIVE
City-State-Zip:	SAINT JOHNS FL 32259

Title	DT
Name	BLEVINS, GINA
Address	323 SUMMERCOVE CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32086

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: GINA BLEVINS PRES 02/23/2017

Electronic Signature of Signing Officer/Director Detail — Date