FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED					
Feb 03 1998 8:00am					
Secretary of State					

1. Corporation Name 83/4/4 (b)					
AUTISM SOCIETY OF AMERICA, INC.				# INDIA 15150 11411 40011 0:014 15011 4704 0:014 0:014 0:014 0:014 0:014	
Principal Plac	ce of Business	Mailing Address			
•					
7910 WOODMONT AVE. 7910 WOODMONT AVE.				3. Date Incorporated or Qualified	
SUITE 650 SUITE 650 BETHESDA MD 20814 BETHESDA MD 20814				12/02/1976	
DETRICOUR MID 20014 DETRICOUR MID 20014				4. FEI Number Applied For	
				52-1020149 Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional	
21		26		S. Certificate of Status Deslied Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
22		27		Trust Fund Contribution Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
23		28		☐ Yes 🌠 No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible	
24	25 9. Name and Address of Currer	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Corre	nt Hegistered Agent	81 Name	10. Name and Address of New Registered Agent	
	JACQUELYN		82 Street	Address (P.O. Box Number is Not Acceptable)	
	1914 FINN HILL DRIVE				
LANTAN	IA FL 33462		83		
			84 City	85 Zip Code	
				FL 8 29 0000	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
agent. I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE .					
12.	Signature, typed or printed name of registered agr	ant and title if applicable. (NOT D DIRECTORS	E Registered Agent signature 13.		
TITLE	IPPD	D DIRECTORS DELETE	1.1 TULE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ROSEN, JACQUELYN	Di Diccit	1.2 NAME	Peter Gerhardt Direct & Change Addition (some address still)	
	1914 FINN HILL DRIVE			(same address still)	
STREET ADDRESS	LANTANA FL 33462		1.3 STREET ADDRESS		
CITY-ST-ZIP	3VPD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	D. d-au Durone President & Change Addition	
NAME		- 000010		Audrey Horne, President Achange [Addition (address still same)	
	GERHARDT, PETER		2.2 NAME	(address still same)	
STREET ADDRESS	213 NASSAU STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PRINCETON NJ 08540 D	☐ DELETE	2. 4 CITY-ST-ZIP	S Las X - Sac CX LPD X Change Addition	
NAME	- .	prerie		Jandra Kownacki, 1400 Walle	
	HORNE, AUDREY	nv e	3.2 NAME	Sandra Kownacki, IPD & Change Addition (oddress still seme)	
STREET ADDRESS	110 BRYANT STREET P.O. BO	JA 0	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ST. GEORGE SC 29477	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Constant National Manager	
	1VPD	THE DELETE		Lee Grossman, IVPD Change Addition	
NAME	SACK, JAMES	14000	4. 2 NAME	264 Dowsett ave.	
STREET ADORESS	8300 GREENSBORO DRIVE #	1000	4.3 STREET ADDRESS	Honolulu, H1 96817	
CITY-ST-ZIP	MC LEAN VA 22102	T nei err	4.4 CITY - ST-ZIP	1 (0(101010) 11 1 10 0 1 (1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	P COMPANY OF STREET	DELETE	5.1 TITLE	Anne Strutners, 3VPD Change X Addition 130 South Que.	
NAME	KOWNACKI, SANDRA		5.2 NAME	130 South We.	
STREET ADDRESS	1653 TWIN OAKS DR		5.3 STREET ADDRESS	alamo, CA 94507	
CITY-ST-ZIP	ARNOLD MO 63010	1 het bye	5.4 CITY-ST-ZIP		
TITLE	1	☐ DELETE	6.1 TITLE	Change Addition	
NAME	ROTH, ELIZABETH		6.2 NAME		
STREET ADDRESS	4125 QUENN MARY DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	OLREY MD 20832	Mr. At. J. 200	6.4 CITY-ST-ZIP		
14. I nereby o	ertily that the information supplied w	ith this filing does not qualify fo	or the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: