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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 837474

1. Corporation Name
AUTISM SOCIETY OF AMERICA, INC.

586134-90008-30

Principal Place of Business
 7910 WOODMONT AVE.
 SUITE 650
 BETHESDA MD 20814

Mailing Address
 7910 WOODMONT AVE.
 SUITE 650
 BETHESDA MD 20814



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	7910 Woodmont Ave	26	7910 Woodmont Ave	12/02/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Suite 300	27	Suite 300	52-1020149	
City & State		City & State		Applied For	
23	Bethesda, Maryland	28	Bethesda, Maryland	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	20814	25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSEN, JACQUELYN 1914 FINN HILL DRIVE LANTANA FL 33462				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERHARDT, PETER			1.2 NAME			
STREET ADDRESS	1914 FINN HILL DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	LANTANA FL 33462			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORNE, AUDREY			2.2 NAME			
STREET ADDRESS	213 NASSAU STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	PRINCETON NJ 08540			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORNE, AUDREY			3.2 NAME			
STREET ADDRESS	110 BRYANT STREET P.O. BOX 6			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. GEORGE SC 29477			3.4 CITY-ST-ZIP			
TITLE	1VPD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SACK, JAMES			4.2 NAME			
STREET ADDRESS	8300 GREENSBORO DRIVE #1080			4.3 STREET ADDRESS			
CITY-ST-ZIP	MC LEAN VA 22102			4.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRUTHERS, ANNE			5.2 NAME			
STREET ADDRESS	130 S AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ALAMO CA 94507			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROTH, ELIZABETH			6.2 NAME			
STREET ADDRESS	4125 QUENN MARY DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	OLREY MD 20832			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Preduct* 6-06-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)

0080964

List Compiled On 06/23/1999
Autism Society of America
Chapters In FL

596134-90008-40
837474

Chapter 296
Pat Tolisofo
First Coast Autistic Society
181 Foxridge Rd
Orange Park, FL 32065
(H)() - (O)(904)272-0286
FAX() -

Chapter 131
Mr. Jerry Bulloch
Florida State Society
2858 Remington Grain Circle
Tallahassee, FL 32308
(H)(850)997-7233 (O)() -
FAX(850)383-0221

Chapter 136
Mr. Jack Nadel
South Florida ASA
21212 Harbor Way, Unit 143
Aventura, FL 33180
(H)() - (O)(305)681-0407
FAX

Chapter 555
Betsy Sutor
SW Florida Autism Society
5549 -1 Malt Drive
FT. Myer, FL 33907
(H)() - (O)(941)274-0196
FAX() -

Chapter 564
Ms. Margarita Garlin
Autism Society of Gainesville
11410 Sage Blvd
Alachua, FL 32615
(H)() - (O)(904)462-1551
FAX() -

Chapter 586
Anne Brewer
Big Bend Chapter ASA
2026 Morning Dove Rd.
Tallahassee, FL 32312
(H)() - (O)(850)894-0783
FAX(850)894-0864

Chapter 132
Kim Hayden-Ples
ASA of the Palm Beaches
2262 Prairie View Drive
Loxahatchee, FL 33470
(H)() - (O)(561)689-7349
FAX

Chapter 134
Mr. Robert Swain
Gulf Coast Chapter ASA
2130 Fairway Ave. S.
St. Petersburg, FL 33712
(H)() (O)(727)866-9501
FAX(727)867-7517

Chapter 514
Ms. Yvonne Dedon
Broward County (FL) Chapter ASA
3760 NW 113th Ave.
Sunrise, FL 33323
(H)() - (O)(954)474-5333
FAX(954)475-2117

Chapter 562
Susan Brooks
Emerald Coast Autism Society
916 Lido Circle
Niceville, FL 32578
(H)() - (O)(850)897-2252
FAX(850)897-7700

Chapter 585
Allison Seaman
Autism Society of Marion County
PO Box 1031
Ocala, FL 34478-1031
(H)() - (O)(352)368-5029
FAX(352)867-8347

Chapter 602
Ms. Judee Samuels-Podvin
Greater Orlando Chapter
2457A S. Haaiwassee Rd. Suite 120
Orlando, FL 32835
(H)() (O)(407)294-0932
FAX(407)295-1555

ASA 1998 - 1999
BOARD OF DIRECTORS

596134-90008-40
837474

PRESIDENT

Audrey Horne (exp. 7/99)
P.O. Box 6, 110 Bryant Street
St. George, SC 29477
(843) 563-4567(h)
(843) 563-6164 (fax)

IMMEDIATE PAST PRESIDENT

Sandra Kownacki (exp. 7/99)
1653 Twin Oaks Drive
Arnold, MO 63010
(314) 296-3981(h)
(314) 287-3981(fax)
SandiHK@AOL.com

1ST VICE PRESIDENT

Lee Grossman (exp. 7/99)
264 Dowsett Avenue
Honolulu, HI 96817
(808) 595-3721(h)
(808) 595-7212 (fax)
(808) 537-0770 (beeper)

2ND VICE PRESIDENT

Elizabeth Roth (exp. 7/01)
4125 Queen Mary Drive
Olney, MD 20832
(301) 924-2211 (h)
(301) 924-2222 (fax)

3RD VICE PRESIDENT

Anne Struthers (exp. 7/00)
130 South Avenue
Alamo, CA 94507
(925) 837-1665 (h)
(925) 837-6453 (fax)
(925) 304-7653 (car)

SECRETARY

Janis Serak (exp. 7/01)
6900 Horizon Drive
Greendale, WI 53129-2737
(414) 425-0763 (h)
(414) 288-0622 (w)/(414) 425-0743 (fax)
jserak@execpc.com

TREASURER

Michael Guarino (exp. 7/99)
7268 Crystal Spring Run
Weeki Wachee, FL 34607
(352) 597-9041 (h)
(352) 544-7594 (cell)
(352) 597-4004 (fax)

BOARD MEMBERS

James Ball (exp. 7/99)
208 South Mountain Av.
Montclair, NJ 07042
(609) 936-9050 (h)
(973) 744-0615 (w)
(973) 744-2614 (fax)
JANBAL1326@aol.com

Elaine Harvey (exp. 7/01)
104 Leisure Lane
Huntington, WVA 25705
(304) 736-1479 (h)
(304) 736-5949 (home fax - preferred)
(304) 526-4314 (w) 304-526-6609 (work fax)

Gail Karp (exp. 7/00)
4721 Belle Avenue
Davenport, IA 52807-1227
(319) 355-8858 (h)/(319) 359-5414(h-fax)
(319) 324-1460(w)/(319) 324-1036(w-fax)
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4991 A-2 Arbor Village Drive
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Jaime Parent (exp. 7/01)
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(410) 750-1138 (home fax - preferred)
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mackidz@aol.com

Laura Robertson (exp. 7/01)
405 Oakleaf Drive
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(318) 235-4083 (fax)
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Carol Tamara (exp. 7/00)
311 Greenbriar Road
Martinsburg, WV 25401
(304) 263-0277 (h)
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