

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 23, 2009
Secretary of State**

DOCUMENT# N07000004903

Entity Name: THE NASSAU COUNTY AUTISM FOUNDATION CORP.

Current Principal Place of Business:

96063 ESTATE DRIVE
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

96063 ESTATE DRIVE
YULEE, FL 32097

New Mailing Address:

P.O. BOX 1544
YULEE, FL 32041

FEI Number: 45-0559333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, STACY
96063 ESTATE DRIVE
YULEE, FL 32097 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: O/D () Delete
Name: JOHNSON, STACY T
Address: 96091 ESTATE DRIVE
City-St-Zip: YULEE, FL 32097 US

Title: O/D () Delete
Name: JOHNSON, STEVEN E
Address: 96091 ESTATE DRIVE
City-St-Zip: YULEE, FL 32097 US

Title: O/D () Delete
Name: BRAUDA, JEANETTE N
Address: 96071 BLACKROCK ROAD
City-St-Zip: YULEE, FL 32097 US

Title: O/D () Delete
Name: BRAUDA, ANTHONY
Address: 96071 BLACKROCK ROAD
City-St-Zip: YULEE, FL 32097 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEANETTE N. BRAUDA

O/D

03/23/2009

Electronic Signature of Signing Officer or Director

Date