

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006053

FILED  
Mar 26, 2005  
Secretary of State

Entity Name: NATIONAL AUTISM ASSOCIATION, INC.

## Current Principal Place of Business:

2530 NORTH HIGHWAY 41A  
MARION, SC 29571

## New Principal Place of Business:

## Current Mailing Address:

2530 NORTH HIGHWAY 41A  
MARION, SC 29571

## New Mailing Address:

FEI Number: 20-0032380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEWART, WILLIAM K  
434 NE SPANISH CT.  
BOCA RATON, FL 33432 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: PD ( ) Delete  
Name: PIKE, JOANNE  
Address: 2530 NORTH HIGHWAY 41A  
City-St-Zip: MARION, SC 29571

Title: V ( ) Delete  
Name: FOURNIER, WENDY  
Address: 66 WILKEY AVE  
City-St-Zip: PORTSMOUTH, RI 02871

Title: EXD ( ) Delete  
Name: MCILWAIN, LORI  
Address: 429 WARREN AVE.  
City-St-Zip: CARY, NC 27511

Title: S ( ) Delete  
Name: SHREFFLER, RITA  
Address: 2040 W BIG BEND RD  
City-St-Zip: NIXA, MO 65714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition  
Name: PIKE, JOANNE  
Address: 2530 NORTH HIGHWAY 41A  
City-St-Zip: MARION, SC 29571

Title: PD (X) Change ( ) Addition  
Name: FOURNIER, WENDY  
Address: 66 WILKEY AVE  
City-St-Zip: PORTSMOUTH, RI 02871

Title: S (X) Change ( ) Addition  
Name: SHREFFLER, RITA  
Address: 2040 WEST BIG BEND ROAD  
City-St-Zip: NIXA, MO 65714

Title: T (X) Change ( ) Addition  
Name: DUBROWSKY, ROSEMARIE  
Address: 356 JAROME STREET  
City-St-Zip: BRICK, NJ 08724

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOANNE PIKE

ED

03/26/2005

Electronic Signature of Signing Officer or Director

Date