

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006053

FILED
Mar 24, 2006
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:

1330 W. SCHATZ LANE
NIXA, MO 65714 US

Current Mailing Address:

2530 NORTH HIGHWAY 41A
MARION, SC 29571

New Mailing Address:

1330 W. SCHATZ LANE
NIXA, MO 65714 US

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

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: SHREFFLER, RITA C
Address: 1330 W. SCHATZ LANE
City-St-Zip: NIXA, MO 65714

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

Title: S (X) Change () Addition
Name: ROUSSEAU, ADRIENNE
Address: 908 YARMOUTH CT
City-St-Zip: LAWRENCEVILLE, GA 30044 US

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

Title: VP () Change (X) Addition
Name: ANN, BRASHER
Address: 201 COPLEY ST
City-St-Zip: CRYSTAL SPRINGS, MS 39059 US

I hereby certify that the information supplied with this filing does not qualify for the 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: WENDY FOURNIER

PD

03/24/2006

Electronic Signature of Signing Officer or Director

Date