

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006053

FILED  
Feb 06, 2007  
Secretary of State

Entity Name: NATIONAL AUTISM ASSOCIATION, INC.

## Current Principal Place of Business:

1330 W. SCHATZ LANE  
NIXA, MO 65714 US

## New Principal Place of Business:

## Current Mailing Address:

1330 W. SCHATZ LANE  
NIXA, MO 65714 US

## 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: ED ( ) Delete  
Name: SHREFFLER, RITA C  
Address: 1330 W. SCHATZ LANE  
City-St-Zip: NIXA, MO 65714

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

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

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

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

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

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: RITA C. SHREFFLER

ED

02/06/2007

Electronic Signature of Signing Officer or Director

Date