

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006053

FILED
Mar 24, 2009
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:

HOCHWARTER, TERRY
1280 CONSERVANCY DR. E
TALLAHASSEE, FL 32312 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: VANICEK, KELLY
Address: 201 HARRIS AVE.
City-St-Zip: PORTSMOUTH, RI 02871 US

Title: T () Delete
Name: BROZEK, LORI
Address: 45 SKYVIEW WAY
City-St-Zip: NEWTOWN, PA 18940 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 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: AIMEE COHOON

DOD

03/24/2009

Electronic Signature of Signing Officer or Director

Date