

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006053

FILED
Apr 18, 2012
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:

20 ALICE AGNEW DRIVE
ATTLEBORO FALLS, MA 02763 US

Current Mailing Address:

1330 W. SCHATZ LANE
NIXA, MO 65714 US

New Mailing Address:

20 ALICE AGNEW DRIVE
ATTLEBORO FALLS, MA 02763 US

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
Name: MCILWAIN, LORI
Address: 429 WARREN AVE
City-St-Zip: CARY, NC 27511

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

Title: VP
Name: WRIGHT-HILDEBRAND, KATIE
Address: 408 E 79TH ST, APT MA
City-St-Zip: NEW YORK, NY 10021 US

Title: T
Name: QUINN, JOANNE
Address: 1516 ATWOOD AVENUE
City-St-Zip: JOHNSTON, RI 02919 US

Title: S
Name: GRANT-WIDEN, BECKY
Address: 847 ORCHARD DRIVE
City-St-Zip: WILTON, ME 04294 US

I hereby 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 all other like empowered.

SIGNATURE: WENDY FOURNIER

PD

04/18/2012

Electronic Signature of Signing Officer or Director

Date