

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006053

**FILED**  
**Jan 14, 2016**  
**Secretary of State**  
**CC8939715731**

**Entity Name:** NATIONAL AUTISM ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE PARK AVENUE  
SUITE 1  
PORTSMOUTH, RI 02871

**Current Mailing Address:**

ONE PARK AVENUE  
SUITE 1  
PORTSMOUTH, RI 02871 US

**FEI Number:** 20-0032380

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HOCHWARTER, TERRY  
1280 CONSERVANCY DR. E  
TALLAHASSEE, FL 32312 US

*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

**Officer/Director Detail :**

Title ED  
Name VANICEK, KELLY  
Address 201 HARRIS AVENUE  
City-State-Zip: PORTSMOUTH RI 02871

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

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

Title T  
Name ZOGLIO, GEORGE  
Address BATCHELOR, FRECHETTE,  
MCCRORY, MICHAEL & CO.  
40 WESTMINSTER ST SUITE 600  
City-State-Zip: PROVIDENCE RI 02903

Title S  
Name SHREFFLER, RITA  
Address 2040 W BIG BEND ROAD  
City-State-Zip: NIXA MO 65714

*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:** KELLY L. VANICEK

**EXECUTIVE DIRECTOR**

**01/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date