

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006053

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 VANICEK

EXECUTIVE DIRECTOR

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date