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

Electronic Signature of Signing Officer/Director Detail

01/14/2016 EXECUTIVE DIRECTOR

HOCHWARTER, TERRY 1280 CONSERVANCY DR. E

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

Officer/Director Detail :

ED	Title	PD
VANICEK, KELLY	Name	FOURNIER, WENDY
201 HARRIS AVENUE	Address	66 WILKEY AVE
PORTSMOUTH RI 02871	City-State-Zip:	PORTSMOUTH RI 02871
VP	Title	т
WRIGHT-HILDEBRAND, KATIE	Name	ZOGLIO, GEORGE
408 E 79TH ST, APT MA	Address	BATCHELOR, FRECHETTE, MCCRORY, MICHAEL & CO. 40 WESTMINSTER ST SUITE 600
NEW YORK NY 10021		
S	City-State-Zip:	PROVIDENCE RI 02903
SHREFFLER, RITA		
2040 W BIG BEND ROAD		
NIXA MO 65714		
	ED VANICEK, KELLY 201 HARRIS AVENUE PORTSMOUTH RI 02871 VP WRIGHT-HILDEBRAND, KATIE 408 E 79TH ST, APT MA NEW YORK NY 10021 S SHREFFLER, RITA 2040 W BIG BEND ROAD	EDTitleVANICEK, KELLYName201 HARRIS AVENUEAddressPORTSMOUTH RI 02871City-State-Zip:VPTitleWRIGHT-HILDEBRAND, KATIEName408 E 79TH ST, APT MAAddressNEW YORK NY 10021City-State-Zip:SSHREFFLER, RITA2040 W BIG BEND ROADLite

Entity Name: NATIONAL AUTISM ASSOCIATION, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

ONE PARK AVENUE SUITE 1 PORTSMOUTH, RI 02871

Current Mailing Address:

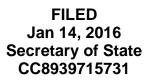
DOCUMENT# N0300006053

ONE PARK AVENUE SUITE 1 PORTSMOUTH, RI 02871 US

FEI Number: 20-0032380

Name and Address of Current Registered Agent:

TALLAHASSEE, FL 32312 US



Certificate of Status Desired: Yes

Date

Date