

2020 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 | HIGGINS, KRYSTAL |
| Address | 7 HERITAGE RD |
| City-State-Zip: | BARRINGTON RI 02806 |
| Title | TREASURER |
| Name | DUBROWSKI, ROSEMARIE |
| Address | 356 JAROME ST |
| City-State-Zip: | BRICK NJ 08724 |

| | |
|-----------------|---------------------|
| Title | PD |
| Name | FOURNIER, WENDY |
| Address | 66 WILKEY AVE |
| City-State-Zip: | PORTSMOUTH RI 02871 |
| Title | S |
| Name | BOTHWELL, CLAIRE M |
| Address | 3850 CHESNUT AVE |
| City-State-Zip: | LONG BEACH CA 90807 |

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: KRYSTAL HIGGINS

EXECUTIVE DIRECTOR

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date