

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000005012

Entity Name: AUTISM INSPIRED, INC**Current Principal Place of Business:**2177 NE COACHMAN ROAD
CLEARWATER, FL 33765**Current Mailing Address:**2177 NE COACHMAN ROAD
CLEARWATER, FL 33765 US**FEI Number:** 82-1508256**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUSSELL, PHILLIP
1221 BERMUDA STREET
CLEARWATER, FL 33755 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:** PHILLIP RUSSELL

04/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name RUSSELL, ELIZABETH B.
Address 2177 NE COACHMAN ROAD
City-State-Zip: CLEARWATER FL 33765

Title CHAIRMAN
Name PHILLIPS, CRAIG
Address 2177 NE COACHMAN ROAD
City-State-Zip: CLEARWATER FL 33765

Title SECRETARY
Name GIRGENTI, JAIME
Address 2177 NE COACHMAN ROAD
City-State-Zip: CLEARWATER FL 33765

Title VC
Name ARNER, ANDREW THOMAS
Address 2177 NE COACHMAN ROAD
City-State-Zip: CLEARWATER FL 33765

Title TREASURER
Name MURPHY, DEBBIE D
Address 2177 NE COACHMAN ROAD
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR
Name STRASSEL, HEATHER ANN
Address 2177 NE COACHMAN ROAD
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR
Name VANOVER, CHARLES
Address 2177 NE COACHMAN ROAD
City-State-Zip: CLEARWATER FL 33765

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: ELIZABETH BAUER RUSSELL

DIRECTOR

04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date