

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2100000717

Entity Name: AUTISM INDEPENDENCE PROGRAM, INC.

Current Principal Place of Business:

1281 NORTH OCEAN DRIVE, #8
SINGER ISLAND, FL 33404

Current Mailing Address:

1281 NORTH OCEAN DRIVE, #8
SINGER ISLAND, FL 33404 US

FEI Number: 86-1488919

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOODWARD, KELLEY, FULTON & KAPLAN
27 OCEAN BOULEVARD
STUART, FL 34994 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 D
Name WASHINGTON, CRAIG
Address 1281 NORTH OCEAN DRIVE, #8
City-State-Zip: SINGER ISLAND FL 33404

Title D
Name NEARY, MARK
Address 1281 NORTH OCEAN DRIVE, #8
City-State-Zip: SINGER ISLAND FL 33404

Title D
Name WASHINGTON, BAYLN
Address 1281 NORTH OCEAN DRIVE, #8
City-State-Zip: SINGER ISLAND FL 33404

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: CRAIG WASHINGTON

DIRECTOR

02/10/2022

Electronic Signature of Signing Officer/Director Detail

Date