

**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