

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002413

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC3320922911**

**Entity Name:** THE DOUG FLUTIE, JR. FOUNDATION FOR AUTISM, INC.

**Current Principal Place of Business:**

1001 WORCESTER ROAD  
FRAMINGHAM, MA 01701

**Current Mailing Address:**

1001 WORCESTER ROAD  
FRAMINGHAM, MA 01701

**FEI Number: 04-3543134**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT, DIRECTOR  
Name            FLUTIE, DOUGLAS R  
Address        1001 WORCESTER ROAD  
City-State-Zip: FRAMINGHAM MA 01701

Title            VP, DIRECTOR  
Name            FLUTIE, LAURIE M  
Address        1001 WORCESTER ROAD  
City-State-Zip: FRAMINGHAM MA 01701

Title            D  
Name            KELLER, KEVIN L  
Address        1001 WORCESTER ROAD  
City-State-Zip: FRAMINGHAM MA 01701

Title            TREASURER, DIRECTOR, CO-CHAIR  
Name            BLOUIN, DAVID R  
Address        2020 COMMONWEALTH AVE  
City-State-Zip: NEWTON MA 02466

Title            DIRECTOR  
Name            GREENDLINGER, RISA  
Address        1001 WORCESTER ROAD  
City-State-Zip: FRAMINGHAM MA 01701

Title            DIRECTOR, CO-CHAIR, SECRETARY  
Name            CANTU, TINA  
Address        1001 WORCESTER ROAD  
City-State-Zip: FRAMINGHAM MA 01701

Title            DIRECTOR  
Name            WAITKEVICH, ADAM  
Address        1001 WORCESTER ROAD  
City-State-Zip: FRAMINGHAM MA 01701

Title            DIRECTOR  
Name            MCKENZIE, MATTHEW  
Address        1001 WORCESTER ROAD  
City-State-Zip: FRAMINGHAM MA 01701

**Continues on page 2**

*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: LISA BORGES**

**EXECUTIVE DIRECTOR**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LYONS, ANTHONY  
Address 1001 WORCESTER ROAD  
City-State-Zip: FRAMINGHAM MA 01701

Title EXECUTIVE DIRECTOR  
Name BORGES, LISA A  
Address 1001 WORCESTER ROAD  
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR  
Name MORRIS, DAVID  
Address 1001 WORCESTER ROAD  
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR  
Name KANJI, SHAMEZ  
Address 1001 WORCESTER ROAD  
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR  
Name BLECK, DANIEL  
Address 1001 WORCESTER ROAD  
City-State-Zip: FRAMINGHAM MA 01701