


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90355 040 *****70.00

DOCUMENT # 755043 1. Entity Name AUTISTIC SERVICES, INC.					
Principal Place of Business 2814 SW 4TH STREET BOYNTON BEACH, FL 33435				Mailing Address 2814 SW 4TH STREET BOYNTON BEACH, FL 33435	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2099391	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STINE, CLAUDIA 2814 SW 4TH STREET BOYNTON BEACH, FL 33435				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STINE, CLAUDIA		NAME	D Betsy P. Shendell	
STREET ADDRESS	2814 S.W. 4TH STREET		STREET ADDRESS	15240 Meadow Wood Drive	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	Wellington, FL 33414	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GROSS, SIOBHAN		NAME	D Peter Ballance	
STREET ADDRESS	1090 EGRET CIRCLE N		STREET ADDRESS	4206 Caesar Cir	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GITLITZ, DENA		NAME	D Stephanie Santora	
STREET ADDRESS	140 BARBADOS DR		STREET ADDRESS	1725 Palm Cove Blvd, Apt 305	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	D Janet Kalman	
STREET ADDRESS			STREET ADDRESS	901 NW 4th Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Claudia Stine</i>			Claudia Stine 4/26/04 561-585-3266		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		