## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## May 07, 2007 8:00 am Secretary of State **DOCUMENT #755043** 1. Entity Name AUTISTIC SERVICES, INC. 03-28-2007 90005 045 \*\*\*\*61 25 Principal Place of Business Mailing Address POUTAVE 901 NW 4TH AVE. 901 NW 4TH AVE. BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292007 Cha-NP CR2F037 (12/06) City & State 4. FEI Number 59-2099391 City & State Applied For Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KALMAN, JANET 901 NW 4TH AVE. Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33432 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 ure, typed or printed nam registered agent and title If applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CP TITLE ☐ Delete ΠΠF Director ☐ Channe 4 Addition Peter W. Ballance KINGSLEY-SCOTT, SHAWNA NAME NAME 1935 NW94 CL Peter VI. 4206 caesar Circle 33463 STREET ADDRESS 2100G-LINTON LAKE CIRCLE-STREET ADDRESS DELRAY BEACH, FL 33445 CITY-ST-ZIP CITY-ST-ZIP Greenacres CP ☐ Delete TITLE TITLE ☐ Change 79 Addition Director Slobhan Gross KALMAN, JANET NAME NAME 1090 Egret Circle North 901 NW 4TH AVE. STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-7IP TITLE D ☐ Delete ☐ Addition mne ☐ Change NAME STINE, CLAUDIA STREET ADDRESS **2814 S.W. 4TH STREET** STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-7/P TITLE ☐ Delete TILLE ☐ Change ☐ Addition NAME CARROLL, BETSY P NAME STREET ADDRESS 15240 MEADOW WOOD DRIVE STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE TITO F ☐ Change ■ Addition NAME WEINSTEIN, MARCIA NAME STREET ADDRESS 3745 OLD LIGHTHOUSE CIRCLE STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Santoro, Stephanie SANTORA, STEPHANIE NAME NAME STREET ADDRESS 9935 GALLEON DRIVE STREET ADDRESS Address is the same CITY-ST-ZIP WEST PALM BEACH, FL 33411 CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

FILED

901 NW 4th Avenuc Boca Raton, FL 33432

## AUTISM SOCIETY OF AMERICA OF THE PALM BEACHES

Phone: 561-688-9010 Email: asapalmbeaches@yahoo.com

April 30, 2007

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Re: Document # 755043

To Whom It May Concern:

As per our conversation with Lynn Shoffstall this morning, we have enclosed a new Annual Report form for Autistic Services, Inc. Also included is the previously rejected form as proof of payment.

Due to unforeseen circumstances, the new form has been revised and the registered agent changes previously submitted are no longer valid. The registered agent and address will remain the same.

Ms. Shoffstall indicated that, due to our non-profit status, there will be no late fee incurred. As our annual report payment has already been received, please accept this corrected form as our annual report filing.

Sincerely yours,

Janet Kalman

Co-President

Autistic Services, Inc.

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/28/2007-90005-045-\$61.25-\$61.25

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6. Name and Address of Current Registered Agent 7. Name Name Name						Address of New	Registered	Agent	
KALMAN, JANET				Nederland (S	Maccia Weinstein ress (P.O. Box Number is Not Acceptable)				
	TON, FL 33432			745	019	Lighth		C.Nil	e i
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			City	Jej ji	nator		FL	Zip Co	
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 famillar with, and accept									
the obligations of registered agent.									
SIGNATURE Marcia W Weinstein 3/25/07							,	•	
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