


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

03-28-2007 90005 045 ****61.25

DOCUMENT # 755043			
1. Entity Name AUTISTIC SERVICES, INC.		Principal Place of Business 901 NW 4TH AVE. BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 901 NW 4TH AVE. BOCA RATON, FL 33432	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KALMAN, JANET 901 NW 4TH AVE. BOCA RATON, FL 33432		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>Janet Kalman</i>		DATE <i>5/2/07</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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	CP <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINGSLEY-SCOTT, SHAWNA	NAME	<i>Peter W. Ballance</i>
STREET ADDRESS	24006 LINTON LAKE CIRCLE <i>1935 NW 9th St.</i>	STREET ADDRESS	<i>4206 Caesar Circle</i>
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	<i>Green Acres, FL 33463</i>
TITLE	CP <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALMAN, JANET	NAME	<i>Siohhan Gross</i>
STREET ADDRESS	901 NW 4TH AVE.	STREET ADDRESS	<i>1090 Egret Circle North</i>
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	<i>Jupiter, FL 33458</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINE, CLAUDIA	NAME	
STREET ADDRESS	2814 S.W. 4TH STREET	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, BETSY P	NAME	
STREET ADDRESS	15240 MEADOW WOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP	
TITLE	RS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, MARCIA	NAME	
STREET ADDRESS	3745 OLD LIGHTHOUSE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTORA, STEPHANIE	NAME	<i>Santora, Stephanie</i>
STREET ADDRESS	9935 GALLEON DRIVE	STREET ADDRESS	<i>Address is the same</i>
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	CITY-ST-ZIP	

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.

Janet Kalman
 Signature

5/2/07
 Date

ATTACHMENT
66013409

901 NW 4th Avenue
Boca Raton, FL 33432

**AUTISM SOCIETY OF AMERICA
OF THE PALM BEACHES**

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

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

April 30, 2007

Re: Document # 755043

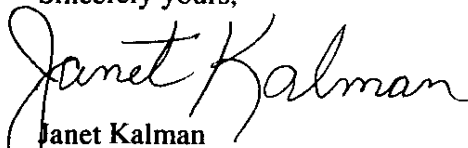
To Whom It May Concern:

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.

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

DOCUMENT # 755043 1. Entity Name AUTISTIC SERVICES, INC.			
Principal Place of Business 901 NW 4TH AVE. BOCA RATON, FL 33432		Mailing Address 901 NW 4TH AVE. BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # 3745 Old Lighthouse Cr.		3. Mailing Address 3745 Old Lighthouse Cr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wellington FL		City & State Wellington FL	
Zip 33414		Zip 33414	
Country USA		Country USA	
4. FEI Number 59-2099391		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent KALMAN, JANET 901 NW 4TH AVE. BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name: Marcia Weinstein Street Address (P.O. Box Number is Not Acceptable): 3745 Old Lighthouse Circle City: Wellington FL Zip Code: 33414	
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: <i>Marcia W Weinstein</i>		DATE: 3/25/07	
Filing Fee is \$61.25 Due by May 1, 2007		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: CP NAME: KINGSLEY-SCOTT, SHAWNA STREET ADDRESS: 2100C LINTON LAKE CIRCLE CITY-ST-ZIP: DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete	TITLE: Co-President NAME: Kingsley-Scott, Shawna STREET ADDRESS: 1935 NW 9th St. CITY-ST-ZIP: Delray Beach, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CP NAME: KALMAN, JANET STREET ADDRESS: 901 NW 4TH AVE. CITY-ST-ZIP: BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE: Director NAME: Peter W. Ballance STREET ADDRESS: 4206 Caesar Circle CITY-ST-ZIP: Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: STINE, CLAUDIA STREET ADDRESS: 2814 S.W. 4TH STREET CITY-ST-ZIP: BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE: Director NAME: Siobhan Gross STREET ADDRESS: 1090 Egret Circle North CITY-ST-ZIP: Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CARROLL, BETSY P STREET ADDRESS: 15240 MEADOW WOOD DRIVE CITY-ST-ZIP: WELLINGTON, FL 33414	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: RS NAME: WEINSTEIN, MARCIA STREET ADDRESS: 3745 OLD LIGHTHOUSE CIRCLE CITY-ST-ZIP: WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE: Treasurer NAME: Weinstein, Marcia STREET ADDRESS: 3745 Old Lighthouse Circle CITY-ST-ZIP: Wellington, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SANTORA, STEPHANIE STREET ADDRESS: 9935 GALLEON DRIVE CITY-ST-ZIP: WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE: Recording Secretary NAME: Santora, Stephanie STREET ADDRESS: 9935 Galleon Dr. CITY-ST-ZIP: West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.			

ATTACHMENT

66013409



03122007 Chg-NP CR2E037 (12/06)