

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755043

FILED
Apr 02, 2008
Secretary of State

Entity Name: AUTISTIC SERVICES, INC.

Current Principal Place of Business:

901 NW 4TH AVE.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

901 NW 4TH AVE.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-2099391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALMAN, JANET
901 NW 4TH AVE.
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: KINGSLEY-SCOTT, SHAWNA
Address: 1935 NW 9TH ST
City-St-Zip: DELRAY BEACH, FL 33445

Title: CP () Delete
Name: KALMAN, JANET
Address: 901 NW 4TH AVE.
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: STINE, CLAUDIA
Address: 2814 S.W. 4TH STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: CARROLL, BETSY P
Address: 15240 MEADOW WOOD DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: BALLANCE, PETER W
Address: 4206 CAESAR CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: SANTORO, STEPHANIE
Address: 9935 GALLEON DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BERMAN, STACEY
Address: 13432 157TH COURT N
City-St-Zip: JUPITER, FL 33478

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STACEY BERMAN

T

04/02/2008

Electronic Signature of Signing Officer or Director

Date