

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002422

FILED
Aug 22, 2005
Secretary of State

Entity Name: AUTISM NATIONAL COMMITTEE, INC.

Current Principal Place of Business:

1045 WITTMAN DRIVE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1045 WITTMAN DRIVE
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 04-3138358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HITZING, WADE
1045 WITTMAN DRIVE
FORT MYERS, FL 33919 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: P () Delete
Name: STRULLY, JEFF
Address: 15501 SAN FERNANDO MISSION BLVD., STE 200
City-St-Zip: MISSION HILLS, CA 91345

Title: V () Delete
Name: CARPENTER, ANNE
Address: 2200 FULLER RD
City-St-Zip: ANN ARBOR, MI 48105

Title: S () Delete
Name: BAKEMAN, ANNE
Address: 3 BEDFORD GREEN
City-St-Zip: SOUTH BURLINGTON, VT 05403

Title: T () Delete
Name: HITZING, WADE
Address: 1045 WITTMAN DRIVE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STRULLY, JEFF
Address: 15501 SAN FERNANDO MISSION BLVD., STE 200
City-St-Zip: MISSION HILLS, CA 91345

Title: VP (X) Change () Addition
Name: CARPENTER, ANNE
Address: 2200 FULLER RD
City-St-Zip: ANN ARBOR, MI 48105

Title: SEC (X) Change () Addition
Name: BAKEMAN, ANNE
Address: 3 BEDFORD GREEN
City-St-Zip: SOUTH BURLINGTON, VT 05403

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WADE HITZING

Electronic Signature of Signing Officer or Director

TREA

08/22/2005

Date