

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002422

FILED  
May 01, 2006  
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 ( )  
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: PRES      ( ) Delete  
Name: STRULLY, JEFF  
Address: 15501 SAN FERNANDO MISSION BLVD., STE 200  
City-St-Zip: MISSION HILLS, CA 91345

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

Title: SEC      ( ) 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: CARPENTER, ANNE  
Address: 2200 FULLER RD  
City-St-Zip: ANN ARBOR, MI 48105 US

Title: VP      (X) Change ( ) Addition  
Name: WILLIAMS, MARGO  
Address: 2818 PARKRIDGE DRIVE  
City-St-Zip: ANN ARBOR, MI 48103 US

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

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

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

T

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date