2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2004 8:00 am
Secretary of State
09-15-2004 90002 002 ****61.25

DOCUMENT # N00000002677

1. Entity Name
AUTISM ASSOCIATION OF NORTH EAST FLORIDA, INC.

Principal Place of Business	Mailing Address
3259 JULINGTON CREEK RD. JACKSONVILLE, FL 32223	3259 JULINGTON CREEK RD. JACKSONVILLE, FL 32223

09132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Autism Ass of NE Fla (AANF)	AANF
Suite, Apt. #, etc. 11554 Davis Creek Ct	Suite, Apt. #, etc. Po Box 600682
City & State Jacksonville, Fl.	City & State Jacksonville, Fl.
Zip: 32256 Country: USA	Zip: 32260 Country: USA

4. FEI Number: 59-3643358 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RYAN, WOODIE J 3259 JULINGTON CREEK RD. JACKSONVILLE, FL 32223	Name Street Address (P.O. Box Number is Not Acceptable) 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: Woodie Ryan — DATE: 9/13/04
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 September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD RYAN, WOODIE J 3259 JULINGTON CREEK RD. JACKSONVILLE, FL 32223	☐ Delete	PT Marai Larson 4013 Moresbarg ct. Jacksonville, Fl. 32257	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SEARCY, LIBBIE 3259 JULINGTON CREEK RD. JACKSONVILLE, FL 32223	☐ Delete	VP Mitch Rady 1314 Big Tree Rd. Neptune Beach, Fl. 32266	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STRAUB, SHIRLEY 4570 SAN JUAN AVE. JACKSONVILLE, FL 32210	☐ Delete	S Paul Smith 805 Riverside Ave. Jacksonville, Fl 32203	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Woodie Ryan 3259 Julington Creek Rd. Jacksonville, Fl. 32223	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Woodie Ryan — 9/13/04 — 904-399-4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #