


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003972</b> 1. Entity Name PROVIDING AUTISM LINKS & SUPPORT, INC.	
--	---

Principal Place of Business 1237 ROYAL OAK DRIVE WINTER SPRINGS, FL 32708	Mailing Address 1237 ROYAL OAK DRIVE WINTER SPRINGS, FL 32708
---	---



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0717788	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  NYE, CHAD DR. 1237 ROYAL OAK DRIVE WINTER SPRINGS, FL 32708	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 *Chad Nye* DATE 2-17-05  
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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULER, JAMES M JR 7548 MUNICIPAL DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENNE, MARY D 233 SALVADOR SQUARE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADNYE, WILLIAM D 1237 ROYAL OAK DR WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASMUND, ELIZABETH 616 SEVILLE PL ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYCHTER SOULES, CELESTE 14546 POTANOW TR ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *W. Chad Nye* 2-17-05 407-737-2586 x11  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #