

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001272

Entity Name: THE AUTISM FUND, INC.

FILED  
Mar 04, 2009  
Secretary of State

## Current Principal Place of Business:

1052 WHISPERWOOD WAY  
SANIBEL, FL 33957

## New Principal Place of Business:

## Current Mailing Address:

1052 WHISPERWOOD WAY  
SANIBEL, FL 33957

## New Mailing Address:

POST OFFICE BOX 1341  
SANIBEL, FL 33957

FEI Number: 26-1919255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'SULLIVAN, PATRICK  
1052 WHISPERWOOD WAY  
SANIBEL, FL 33957 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: O'SULLIVAN, PATRICK  
Address: 1052 WHISPERWOOD WAY  
City-St-Zip: SANIBEL, FL 33957

Title: D ( ) Delete  
Name: GREENE, MARCIA DR  
Address: 10501 S.F.G.C.U. BLVD. AB3  
City-St-Zip: FT. MYERS, FL 33965

Title: D ( ) Delete  
Name: SYLVIA, MONICA DR  
Address: 104 ELLINGTON CT  
City-St-Zip: CAMILLUS, NY 13031

Title: D ( ) Delete  
Name: FLEMING, VIRGINIA  
Address: 1036 WHISPERWOOD WAY  
City-St-Zip: SANIBEL, FL 33957

Title: D ( ) Delete  
Name: ROULSTON, EILEEN  
Address: 9214 PARKWOOD CT  
City-St-Zip: FT. MYERS, FL 33908

Title: D ( ) Delete  
Name: HAZLEM, ANNE  
Address: 1044 WHISPERWOOD WAY  
City-St-Zip: SANIBEL, FL 33957

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR. (X) Change ( ) Addition  
Name: O'SULLIVAN, PATRICK  
Address: 1052 WHISPERWOOD WAY  
City-St-Zip: SANIBEL, FL 33957

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:

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: PATRICK O'SULLIVAN

MGR.

03/04/2009

Electronic Signature of Signing Officer or Director

Date