

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001272

FILED
Jan 06, 2010
Secretary of State

Entity Name: THE AUTISM FUND, INC.

Current Principal Place of Business:

1052 WHISPERWOOD WAY
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1341
SANIBEL, FL 33957

New Mailing Address:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICK O'SULLIVAN

MGR

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date