

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002178

FILED
Feb 24, 2010
Secretary of State

Entity Name: AUTISM ASSISTANCE FOUNDATION, INC.

Current Principal Place of Business:

2316 PINE RIDGE ROAD
#369
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

2316 PINE RIDGE ROAD
#369
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 26-4403242 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FALANGA, HEIDI
2316 PINE RIDGE ROAD
#369
NAPLES, FL 34109 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: P
Name: FALANGA, HEIDI
Address: 2316 PINE RIDGE ROAD #369
City-St-Zip: NAPLES, FL 34109 US

Title: VP
Name: NORRIS, KARL D
Address: 2316 PINE RIDGE ROAD #369
City-St-Zip: NAPLES, FL 34109 US

Title: AVP
Name: SHELLHAMMER, BONNIE L
Address: 7826 N. PINESVIEW DRIVE
City-St-Zip: SCOTTSDALE, AZ 85258 US

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: HEIDI FALANGA

P

02/24/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date