2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N10479

Entity Name: THE SOUTHWEST FLORIDA AUTISTIC SOCIETY, INC.

Current Principal Place of Business:

1354 SIROCCO STREET
FORT MYERS, FL 33919 US

New Principal Place of Business:

<UNUSED>
FORT MYERS, FL 33919 US

Current Mailing Address:

1354 SIROCCO STREET
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-2681435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULLEN, KATIE
1354 SIROCCO STREET
FORT MYERS, FL 33919 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 ( ) Delete
Name: CULLEN, KATIE
Address: 1354 SIROCCO STREET
City-St-Zip: FORT MYERS, FL 33919 US

Title: VD ( ) Delete
Name: VARTDAL, ERIC
Address: 1354 SIROCCO STREET
City-St-Zip: FORT MYERS, FL 33919 US

Title: TD (X) Delete
Name: LINNEHAN, LINDA S
Address: 27 CARROTWOOD CT
City-St-Zip: FT MYERS, FL 33919

Title: SD (X) Delete
Name: STANZ, PHYLLIS
Address: 585 SIR WALTER WAY
City-St-Zip: NORTH FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: LINNEHAN, LINDA S
Address: 27 CARROTWOOD COURT
City-St-Zip: FORT MYERS, FL 33919 US

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: KATIE CULLEN P 04/18/2008

Electronic Signature of Signing Officer or Director — Date