


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000000656 (7)**

1. Corporation Name

AUTISIM FOUNDATION OF NORTHEAST FLORIDA, INC.



Principal Place of Business 4741 ATLANTIC BLVD. SUITE B-5 JACKSONVILLE FL 32207-2168	Mailing Address 4741 ATLANTIC BLVD. SUITE B-5 JACKSONVILLE FL 32207-2168
--	--

3. Date Incorporated or Qualified 02/09/1995	3a. Date of Last Report 06/19/1996
--	--

2. Principal Place of Business 240 14th Ave. South Suite, Apt. #, etc. 22 City & State JACKSONVILLE BEACH, FL Zip 32250 Country USA	2a. Mailing Address 240 14th Ave. South Suite, Apt. #, etc. 27 City & State JACKSONVILLE BEACH, FL Zip 32250 Country USA
--	---

4. FEI Number 59-3309851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRISSETT, W E JR 4741 ATLANTIC BLVD. SUITE B-5 JACKSONVILLE FL 32207-2168	
---	--

10. Name and Address of New Registered Agent FRANK HUNTER Street Address (P.O. Box Number is Not Acceptable) 240 14th Avenue South City JACKSONVILLE BEACH FL Zip Code 32250	
--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **3-31-97**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D PALAZZOLA, PATRICIA
STREET ADDRESS	4244 BEACON TREE CT.
CITY - ST - ZIP	JACKSONVILLE FL 32257
TITLE	<input type="checkbox"/> DELETE
NAME	D ROUNDS, CINDY
STREET ADDRESS	1312 WOLFE ST.
CITY - ST - ZIP	JACKSONVILLE FL 32205
TITLE	<input type="checkbox"/> DELETE
NAME	D GRECO, PEGGY
STREET ADDRESS	807 NIRA ST.
CITY - ST - ZIP	JACKSONVILLE FL 32207
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MYERS, LAURA
STREET ADDRESS	144 OSCEOLA AVE.
CITY - ST - ZIP	JACKSONVILLE BEACH FL 32250
TITLE	<input type="checkbox"/> DELETE
NAME	D WALDEN, HELEN
STREET ADDRESS	7749 W. BEAVER ST.
CITY - ST - ZIP	JACKSONVILLE FL 32220
TITLE	<input type="checkbox"/> DELETE
NAME	D BOYETTE, MARILYN
STREET ADDRESS	1405 MENNA ST.
CITY - ST - ZIP	JACKSONVILLE FL 32205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Young, Laura
4.3 STREET ADDRESS	1404 Osceola Ave
4.4 CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **3/31/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0004981

CR2E037 (9/96)