2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002326

1. Entity Name
GEORGE A. BUTCHIKAS FOUNDATION FOR AUTISM, INC.

Principal Place of Business	Mailing Address
9527 W HIGHWAY 98 PANAMA CITY BEACH, FL 32417	P.O. BOX 9008 PANAMA CITY BEACH, FL 32417

04182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1527332
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUTCHIKAS, GEORGE A
9527 W HIGHWAY 98
PANAMA CITY BEACH, FL 32417

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE George Butchikas 4/18/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUTCHIKAS, GEORGE A
STREET ADDRESS	9527 W HIGHWAY 98
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32417
TITLE	D
NAME	CRUISE, CAROLYN
STREET ADDRESS	9527 W HIGHWAY 98
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32417
TITLE	D
NAME	BASS, WILLIAM D
STREET ADDRESS	455 HARRISON AVE, STE. C
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80002-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Butchikas 4/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #