


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000002326		
1. Entity Name GEORGE A. BUTCHIKAS FOUNDATION FOR AUTISM, INC.		
Principal Place of Business 9527 W HIGHWAY 98 PANAMA CITY BEACH, FL 32417	Mailing Address P.O. BOX 9008 PANAMA CITY BEACH, FL 32417	



04262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1527332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHIKAS, GEORGE A 9527 W HIGHWAY 98 PANAMA CITY BEACH, FL 32417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUISE, CAROLYN 9527 W HIGHWAY 98 PANAMA CITY BEACH, FL 32417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, WILLIAM D 455 HARRISON AVE, STE. C 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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05/17/07-80048-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #