

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**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

**DO NOT WRITE IN THIS SPACE**

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APPROVED  
AND  
FILED  
2-29-08

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02132008 No Chg-NP CR2E037 (4/06)

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 \_\_\_\_\_  
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, 2008

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	

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03/06/08--01012--017 \*\*200.00

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 A. Butchikas 2/15/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #