2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000002326

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



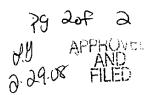
Principal Place of Business 9527 W HIGHWAY 98

PANAMA CITY BEACH, FL 32417

Mailing Address

P.O. BOX 9008

PANAMA CITY BEACH, FL 32417



08 FEB 28 AM 11: 47

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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PANAMA CITY BEACH, FL 32417			IN THIS SPACE					
								,
8. The above the obligat	named entity submits this statement for the putions of registered agent.	rpose of changing its registere	d office or i	registered ag	ent, or both, in t	he State of Florid	a. I am familiar i	with, and accept
SIGNATURE.	Signature, typed or penilod name of registered agent and title if	applicable, (NOTE: Registered	d Agant signatur	e required when re	pinstaling)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 A Added to			·	
10. OFFICERS AND DIRECTORS					: '		oda de atrico	e , .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHIKAS, GEORGE A 9527 W HIGHWAY 98 PANAMA CITY BEACH, FL 32417		*		1 DID 03/06/08	1195 01012-	45901 -017 **2	.00.00
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			- cupate	DO N	OT WE	RITE	
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TITLE NAME STREET ADDRESS CITY+ST-ZIP			*			· 謝 『和		A STATE OF THE STA
12. I hereby of indicated	certify that the information supplied with this fill I on this report or supplemental report is true at	ng does not qualify for the exe nd accurate and that my signat	mptions co ure shall ha	ontained in C	hapter 119, Flori legal effect as if	da Statutes. I fui made under cati	ther certify that h; that I am an of	the information fficer or director

12. Increby certify that the information supplied with this filling does not quality 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 eath; 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08

Davisme Phone #