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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90268 030 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000004352**

1. Corporation Name

**ASPERGER SYNDROME EDUCATION NETWORK OF AMERICA ( ASPEN OF AMERICA), INC.**

Principal Place of Business

7412 STONEHURST RD S  
 JACKSONVILLE FL 32277-3755

Mailing Address

7412 STONEHURST RD S  
 JACKSONVILLE FL 32277-3755



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-3471133

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

24 Zip Country

28 Jacksonville, FL  
 29 32203 30 USA

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

DELEGAL, T.A. III  
 424 EAST MONROE STREET  
 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name **Diane Paley, CPA**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 9843 NW 18 ST  
 83  
 84 City **Coral Springs** FL 85 Zip Code **33071**

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

*Diane Paley* *Diane Paley, Treasurer* *4/25/99*  
 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	P	<input type="checkbox"/> DELETE
NAME	SILVER, RHONA	
STREET ADDRESS	7412 STONEHURST RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32277-3755	
TITLE	EV	<input checked="" type="checkbox"/> DELETE
NAME	BLAIR, BARBARA	
STREET ADDRESS	817 S 2ND ST	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLING, ECHO R	
STREET ADDRESS	14 TIGERS CT	
CITY-ST-ZIP	MERCERVILLE NJ 08619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHASE, SCOTT	
STREET ADDRESS	4526 STONE MILL DR	
CITY-ST-ZIP	INDIANAPOLIS IN 46237	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, JOAN	
STREET ADDRESS	800 LAKSHORE #41	
CITY-ST-ZIP	DORVAL QUEBEC, CANADA H9S2C6	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PALEY, DIANE	
STREET ADDRESS	9843 NW 18 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tangway, Pamela	
1.3 STREET ADDRESS	69 Tolland Farms Rd	
1.4 CITY-ST-ZIP	Tolland, CT 06084	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rivkin, Judith	
2.3 STREET ADDRESS	255 W. 90th St. Apt 5-A	
2.4 CITY-ST-ZIP	New York, NY 10024	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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, with all other like empowered.

**SIGNATURE:** *Diane Paley, Treasurer* *3/11/99* *954-255-7840*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)