

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008808

**Entity Name:** AUTISM SOCIETY OF AMERICA PALM BEACH MARTIN COUNTY, INC.

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC6486830384**

**Current Principal Place of Business:**

4195 MAYA CAY LN  
JUPITER, FL 33458

**Current Mailing Address:**

5500 MILITARY TRAIL  
#22-197  
JUPITER, FL 33458 US

**FEI Number: 52-1020149**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NIEL, TERRI  
4195 MAYA CAY LN  
JUPITER, FL 33458 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NEIL, TERRI  
Address 4195 MAYA CAY LN  
City-State-Zip: JUPITER FL 33458

Title V  
Name COHEN, ELIZABETH  
Address 9851 PIONEER RD  
City-State-Zip: WEST PALM BEACH FL 33411

Title S  
Name BELDER, CAITLIN  
Address 17657 123RD TER N.  
City-State-Zip: JUPITER FL 33478

Title TREASURER  
Name JOHNSON, DEBI  
Address 1233 KINGLET TERRACE  
City-State-Zip: WELLINGTON FL 33414

Title O  
Name WINTERHALTER, KRISTIN  
Address 3591 NW TREASURE COAST DR. #201  
City-State-Zip: JENSEN BEACH FL 34957

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TERRI NEIL**

**PRESIDENT**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date