

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005012

**Entity Name:** AUTISM INSPIRED, INC**Current Principal Place of Business:**2177 NE COACHMAN ROAD  
CLEARWATER, FL 33765**Current Mailing Address:**2177 NE COACHMAN ROAD  
CLEARWATER, FL 33765 US**FEI Number:** 82-1508256**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MURPHY, JENNIFER  
C/O OLDER LUNDY ALVAREZ KOCH MARTINO  
1000 W CASS STREET  
TAMPA, FL 33606 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:** JENNIFER MURPHY

04/14/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RUSSELL, ELIZABETH B.  
Address 2177 NE COACHMAN ROAD  
City-State-Zip: CLEARWATER FL 33765

Title CHAIRMAN  
Name PHILLIPS, CRAIG  
Address 2177 NE COACHMAN ROAD  
City-State-Zip: CLEARWATER FL 33765

Title SECRETARY  
Name GIRGENTI, JAIME  
Address 2177 NE COACHMAN ROAD  
City-State-Zip: CLEARWATER FL 33765

Title VC  
Name ARNER, ANDREW THOMAS  
Address 2177 NE COACHMAN ROAD  
City-State-Zip: CLEARWATER FL 33765

Title TREASURER  
Name MURPHY, DEBBIE D  
Address 2177 NE COACHMAN ROAD  
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR  
Name STRASSEL, HEATHER ANN  
Address 2177 NE COACHMAN ROAD  
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR  
Name VANOVER, CHARLES  
Address 2177 NE COACHMAN ROAD  
City-State-Zip: CLEARWATER FL 33765

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:** ELIZABETH B. RUSSELL

DIRECTOR

04/14/2022

Electronic Signature of Signing Officer/Director Detail

Date