2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2018
Secretary of State
CC0815922119

DOCUMENT# N99000005206

Entity Name: THE SELECTIVE MUTISM ASSOCIATION INC.

Current Principal Place of Business:

421 HILLCREST DRIVE
C/O LISA KOVAC, EXEC. DIRETOR
OVIEDO, FL 32765

Current Mailing Address:

3152 LITTLE ROAD
SUITE 184
TRINITY, FL 34655 US

FEI Number: 65-0946164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOVAC, LISA
421 HILLCREST DR.
OVIEDO, FL 32765 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	DIRECTOR
Name	BUSMAN, RACHEL PSYD
Address	CHILD MIND INSTITUTE 445 PARK AVENUE
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR
Name	CAPORINO, NICOLE PHD
Address	AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE., NW
City-State-Zip:	WASHINGTON DC 20016

Title	DIR.
Name	ECKEL, CATHERINE PHD
Address	20 S. SANTA CRUZ AVEUE SUITE 315
City-State-Zip:	LOS GATOS CA 95030

Title	DIR.
Name	SMITH, MICHELLE
Address	1218 E. BEARHILL CIR.
City-State-Zip:	VALLEY CENTER KS 67147

Title	TREA
Name	MARTIS ZAMBRISKI, PAMELA
Address	116 VIA ESTRELLITA
City-State-Zip:	REDONDO BEACH CA 90277

Title	EXECUTIVE DIR
Name	KOVAC, LISA ED.S. BCBA
Address	421 HILLCREST DRIVE
City-State-Zip:	OVIEDO FL 32765

Title	DIR
Name	FURR, JAMI PHD
Address	FLOIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH ST. AHC1 RM. 141
City-State-Zip:	MIAMA FL 33199

Title	DIRECTOR
Name	CHESNEY, LOUIS
Address	85 BROAD STREET
City-State-Zip:	NEW YORK NY 10004

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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: REBECCA LAPTOOK DIRECTOR 03/17/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DILIBERTO, RACHELE MA
Address	4505 S. MARYLAND PARKWAY BOX 43033
City-State-Zip:	LAS VEGAS NV 89154

Title	DIRECTOR
Name	GUARNIERI, LUCIANA
Address	659 KINGSWOOD WAY
City-State-Zip:	LOS ALTOS CA 94922

Title	SECRETARY
Name	ANAN, RUTH M PHD, BCBA
Address	27780 NOVI ROAD. SUITE 107
City-State-Zip:	NOVI MI 48377

Title	DIRECTOR
Name	HYAMS, ELIZABETH ESQ.
Address	LAW OFFICE OF ELIZABETH HYAMS 697 STRAFFORD CIRCLE
City-State-Zip:	WAYNE PA 19087

Title	DIRECTOR
Name	REED, KATELYN MS, LLP
Address	350 NORTH MAIN STREET
City-State-Zip:	CHELSEA MI 48118

Title	DIRECTOR
Name	FORLENZA, JENNIFER
Address	473 JUDD RD.
City-State-Zip:	EASTON CT 06612

Title	DIRECTOR
Name	LEVY, BETH
Address	1017 LINDSAY LANE
City-State-Zip:	RYDAL PA 19046

Title	PRESIDENT
Name	LAPTOOK, REBECCA PHD
Address	RHODE ISLAND HOSPITAL 593 EDDY ST., POTTER BASEMENT
City-State-Zip:	PROVIDENCE RI 02906

Title	DIRECTOR
Name	KINNESTRAND, REBECCA
Address	7612 135TH PL NE
City-State-Zip:	REDMOND WA 98052