2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2024
Secretary of State
1258973519CC

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Entity Name: THE SELECTIVE MUTISM ASSOCIATION INC.

Current Principal Place of Business:

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

Current Mailing Address:

13750 W. COLONIAL DR.
SUITE 350 #213
WINTER GARDEN, FL 34787-4204 US

FEI Number: 65-0946164

Certificate of Status Desired: Yes

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, ABPP
Address	COGNITIVE & BEHAVIORAL CONSULTANTS 1 NORTH BROADWAY SUITE 704
City-State-Zip:	WHITE PLAINS NY 10601

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

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

Title	SECRETARY
Name	LARACY, EMILY MA, MS, CCP-SLP
Address	204 OLD ORCHARD DR.
City-State-Zip:	EASTON PA 18045

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

Title	DIRECTOR
Name	FURR, JAMI PHD
Address	FLOIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH ST. AHC1 RM. 140
City-State-Zip:	MIAMI FL 33199

Title	PRESIDENT
Name	REED, KATELYN MS, LLP
Address	350 NORTH MAIN STREET SUITE 220
City-State-Zip:	CHELSEA MI 48118

Title	DIRECTOR OF MEMBERSHIP/SPECIAL INITIATIVES
Name	LEOS, KRISTIN
Address	175 N. HARBOR DRIVE UNIT 4403
City-State-Zip:	CHICAGO IL 60601

Continues on page 2

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: LISA KOVAC EXECUTIVE DIRECTOR 02/07/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FOSTER, JENNY
Address	6652 E. OMEGA ST.
City-State-Zip:	MESA AZ 85215

Title	DIRECTOR
Name	RICKER, CHELSEA M.S., BCBA
Address	5 MEADE STREET
City-State-Zip:	NASHUA NH 03064

Title	DIRECTOR
Name	HICKS-HOSTE, TAYLOR PHD, LP, NCSP
Address	31478 INDUSTRIAL ROAD SUITE 300
City-State-Zip:	LIVONIA MI 48150

Title	PAST PRESIDENT
Name	MERSON, RACHEL PSYD
Address	BU CNTR FOR ANXIETY & RELATED DISORDERS 900 COMMONWEALTH AVE. 2ND FLOOR
City-State-Zip:	BOSTON MA 02215

Title	DIRECTOR
Name	EZELL, ELEANOR LCSW
Address	CHILD & FAMILY THERAPY COLLECTIVE 1015 JOSEPH AVE.
City-State-Zip:	NASHVILLE TN 37207

Title	DIRECTOR
Name	CARLSON, MEGAN
Address	21519 MORNING DOVE LANE
City-State-Zip:	FRANKFORT IL 60423

Title	DIRECTOR
Name	BICE-URBACH, BRITTANY PHD
Address	13800 W. NORTH AVE. STE. 120
City-State-Zip:	BROOKFIELD WI 53005

Title	DIRECTOR
Name	HERRERA, AILEEN M.S., LMHC
Address	FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH ST AHC1 RM. 136
City-State-Zip:	MIAMI FL 33199

Title	DIRECTOR
Name	KOHLMEIER, JONATHAN
Address	98 LAKE SHORE ROAD
City-State-Zip:	GREENWOOD LAKE NY 10925

Title	DIRECTOR
Name	BOGGS, AUDREY PSY.D
Address	5012 CHESEBRO RD. SUITE 200
City-State-Zip:	AGOURA HILLS CA 91301

Title	DIRECTOR
Name	UPADHYAY, RUPAL MD FAAP
Address	ASSOCIATES IN PEDIATRICS 1015 SUMMIT ST.,
City-State-Zip:	ELGIN IL 60120

Title	DIRECTOR
Name	YOUNGSMITH, CHRISTIE
Address	1027 17TH AVE.
City-State-Zip:	REDWOOD CITY CA 94063