2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# N08000008251

Entity Name: SOUTH FLORIDA AUTISM CHARTER SCHOOLS, INC.

Current Principal Place of Business:

4300 N. UNIVERSITY DRIVE, SUITE C-201
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4300 N. UNIVERSITY DRIVE, SUITE C-201
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 26-3880489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STRADER, MICHAEL G
4300 N. UNIVERSITY DRIVE, SUITE C-201
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	CHRM ( ) Delete
Name:	PIERCE, GLENN R
Address:	2534 ROYAL PALM WAY
City-St-Zip:	WESTON, FL 33327
Title:	VCHR ( ) Delete
Name:	CAMBO, ROBERT
Address:	2977 MCFARLANE ROAD, SUITE 303
City-St-Zip:	COCONUT GROVE, FL 33133
Title:	ST ( ) Delete
Name:	MOODIE-RAMDEEN, TAMARA
Address:	10282 SW 9TH LANE
City-St-Zip:	PEMBROKE PINES, FL 33025
Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	
Title:	( ) Delete
Name:	
Address:	
City-St-Zip:	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CHRM (X) Change ( ) Addition
Name:	PIERCE, GLENN R
Address:	7400 W 24TH AVE
City-St-Zip:	HIALEAH, FL 33016
Title:	VCHR (X) Change ( ) Addition
Name:	CAMBO, ROBERT
Address:	7400 W 24TH AVE
City-St-Zip:	HIALEAH, FL 33016
Title:	ST (X) Change ( ) Addition
Name:	MARTINEZ-FERNANDEZ, YADIRA
Address:	7400 W 24TH AVE
City-St-Zip:	HIALEAH, FL 33016
Title:	M ( ) Change (X) Addition
Name:	LANDESS, CARRIE
Address:	7400 W 24TH AVE
City-St-Zip:	HIALEAH, FL 33016
Title:	M ( ) Change (X) Addition
Name:	PARKER, ROBIN
Address:	7400 W 24TH AVE
City-St-Zip:	HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLENN PIERCE C 05/20/2009

Electronic Signature of Signing Officer or Director — Date