


NONPROFIT CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

1997 JAN 31 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N28026 (5)		
1. Corporation Name AUTISM SOCIETY OF FLORIDA, INC.		

Principal Place of Business 1319 GLENVIEW LANE LAKELAND FL 33813	Mailing Address 1319 GLENVIEW LANE LAKELAND FL 33813
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3. Date Incorporated or Qualified 08/24/1988	3a. Date of Last Report 02/22/1995
4. FEI Number 59-2910367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 7268 Crystal Spring Run	2a. Mailing Address 26 7268 Crystal Spring Run
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 Weeki Wachee, FL	27 City & State 28 Weeki Wachee, FL
24 Zip 34607	25 Country
29 Zip 34607	30 Country

9. Name and Address of Current Registered Agent

**COTTON, RICKEY A PH.D
1319 GLENVIEW LANE
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name **Michael Guarino**
 82 Street Address (P.O. Box Number is Not Acceptable)
7268 Crystal Spring Run
 83
 84 City **Weeki Wachee** FL 85 Zip Code **34607**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	COTTON, RICKEY PH.D <input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME COTTON, RICKEY PH.D	1319 GLENVIEW LANE	1.2 NAME JERRY BULLOCH	
STREET ADDRESS 1319 GLENVIEW LANE	LAKELAND FL 33813	1.3 STREET ADDRESS AT 1 BOX 10-B	
CITY-ST-ZIP LAKELAND FL 33813		1.4 CITY-ST-ZIP Menticeilo, FL 32344	
TITLE VD	DINAPOLI, ANNE <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME DINAPOLI, ANNE	1484 52 AVE. N.E.	2.2 NAME Bob Banks	
STREET ADDRESS 1484 52 AVE. N.E.	ST. PETERSBURG FL 33703	2.3 STREET ADDRESS 805 Yandu Place	
CITY-ST-ZIP ST. PETERSBURG FL 33703		2.4 CITY-ST-ZIP Jupiter, FL 33477	
TITLE SD	CLARK, GINNY <input checked="" type="checkbox"/> DELETE	3.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME CLARK, GINNY	5228 FORESTBROOK DR.	3.2 NAME Adolfo Dige	
STREET ADDRESS 5228 FORESTBROOK DR.	LAKELAND FL 33811	3.3 STREET ADDRESS 2329 SW 31st street	
CITY-ST-ZIP LAKELAND FL 33811		3.4 CITY-ST-ZIP Miami, FL 33145	
TITLE TD	HARTIG, MARGARET V <input checked="" type="checkbox"/> DELETE	4.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME HARTIG, MARGARET V	13875 STAMFORD DR.	4.2 NAME Michael Guarino	
STREET ADDRESS 13875 STAMFORD DR.	WEST PALM BCH. FL 33414	4.3 STREET ADDRESS 7268 Crystal Spring Run	
CITY-ST-ZIP WEST PALM BCH. FL 33414		4.4 CITY-ST-ZIP Weeki Wachee, FL 34607	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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REINSTATEMENT

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 1-27-97 3124020020
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)