

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28026 (5)
 1. Corporation Name
AUTISM SOCIETY OF FLORIDA, INC.



Principal Place of Business 7288 CRYSTAL SPRING RUN WEEKI WACHEE FL 34607	Mailing Address 7288 CRYSTAL SPRING RUN WEEKI WACHEE FL 34607
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3. Date Incorporated or Qualified 08/24/1988	
4. FEI Number 59-2910367	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Rt. 1, Box 10-B	2a. Mailing Address 26 P. O. Box 1037
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Monticello, FL	City & State 28 Monticello, FL
Zip 24 32344	Country 25 Jefferson
Zip 29 32345	Country 30 Jefferson

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GUARINO, MICHAEL 7288 CRYSTAL SPRING RUN WEEKI WACHEE FL 34607	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	BULLOCH, JERRY
STREET ADDRESS	RT 1 BOX 10-B
CITY-ST-ZIP	MONTICELLO FL 32344
TITLE	VD <input type="checkbox"/> DELETE
NAME	BANKS, BOB
STREET ADDRESS	805 XANDU PLACE
CITY-ST-ZIP	JUPITER FL 33477
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	DIAZ, ADOLFO
STREET ADDRESS	2320 S.W. 21ST STREET
CITY-ST-ZIP	MIAMI FL 33145
TITLE	TD <input type="checkbox"/> DELETE
NAME	GUARINO, MICHAEL
STREET ADDRESS	7288 CRYSTAL SPRING RUN
CITY-ST-ZIP	WEEKI WACHEE FL 34607
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ann Smith
3.3 STREET ADDRESS	5890 Cherokee Road
3.4 CITY-ST-ZIP	Milton, FL 32570
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jerry Bulloch **Bulloch** 5-4-98 850-997-1213

CR2E037 (10/97)