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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90052 005 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28026

1. Corporation Name
AUTISM SOCIETY OF FLORIDA, INC.

Principal Place of Business RT 1 BOX 10 B MONTICELLO FL 32344 US	Mailing Address P O BOX 1037 MONTICELLO FL 32345 US
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2. Principal Place of Business 21 2858 REMINGTON GREEN	2a. Mailing Address 26 2858 REMINGTON GREEN	3. Date Incorporated or Qualified 08/24/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2910367
City & State 23 TALLAHASSEE FL	City & State 28 TALLAHASSEE FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32308	Country 25 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GUARINO, MICHAEL 7268 CRYSTAL SPRING RUN WEEKI WACHEE FL 34607	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BULLOCH, JERRY		1.2 NAME SEQUENZIA, VEN	
STREET ADDRESS RT 1 BOX 10-B		1.3 STREET ADDRESS 19732 NE 12TH PLACE	
CITY-ST-ZIP MONTICELLO FL 32344		1.4 CITY-ST-ZIP MIAMI, FL 33179	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BANKS, BOB		2.2 NAME GOLDSTEIN, SUSAN	
STREET ADDRESS 805 XANDU PLACE		2.3 STREET ADDRESS 2641 NE 47TH STREET	
CITY-ST-ZIP JUPITER FL 33477		2.4 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, ANN		3.2 NAME SMITH, ANN	
STREET ADDRESS 5890 CHEROKEE RD		3.3 STREET ADDRESS 5890 CHEROKEE RD	
CITY-ST-ZIP MILTON FL 32570		3.4 CITY-ST-ZIP MILTON FL 32570	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUARINO, MICHAEL		4.2 NAME	
STREET ADDRESS 7268 CRYSTAL SPRING RUN		4.3 STREET ADDRESS	
CITY-ST-ZIP WEEKI WACHEE FL 34607		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME BATEN, TINA	
STREET ADDRESS		5.3 STREET ADDRESS 2031 LITTLE FARMS CT.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP DELTONA, FL 32738	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME SEE ADDITIONAL LIST	
STREET ADDRESS		6.3 STREET ADDRESS ATTACHED	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Ven Sequenzia* SIGNATURE REQUIRED *Sequenzia* 4/26/99 305-625-8017
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)

AUTISM SOCIETY OF FLORIDA BOARD OF DIRECTORS

554688-90052-5
N28026

JUDEE SAMUELS-PODVIN
6608 ANDREA ROSE DRIVE
ORLANDO, FL 32835

ANNE DiNapoli
1484 52ND AVENUE NE
ST. PETERSBERG, FL 33703

CAROL MONROE
385 PERTHSHIRE DRIVE
ORANGE PARK, FL 32073

MARGIE GARLIN
11410 SAGE BLVD.
ALACHUA, FL 32615

BESSIE CARDELLA
7000 S. W. 95TH COURT
MIAMI, FL 33173

