

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# N28026

Entity Name: AUTISM SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

PO BOX 970646
COCONUT CREEK, FL 33097 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 970646
COCONUT CREEK, FL 33097 US

New Mailing Address:

FEI Number: 59-2910367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARINO, MICHAEL
7268 CRYSTAL SPRING RUN
WEEKI WACHEE, FL 34607 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: PD () Delete
Name: SEQUENZIA, VEN
Address: 19732 NE 12TH PLACE
City-St-Zip: MIAMI, FL 33179

Title: VD () Delete
Name: OCAMPO, ASHLEY
Address: 2641 NE 47TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: TD () Delete
Name: GUARINO, MICHAEL
Address: 7268 CRYSTAL SPRING RUN
City-St-Zip: WEEKIWACHEE, FL 34607

Title: SD () Delete
Name: GALLOWAY, CARL
Address: 1410 MAYFIELD AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: DEMARIA, ROBERT
Address: 10720 SW 146 PLACE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: BYRAM, SUSAN
Address: 4148 NORTH CAMBRIDGE WAY
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: OCAMPO, ASHLEY
Address: 1900 CENTER POINTE BLVD., APT. 143
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: DEMARIA, ROBERT
Address: 10720 SW 146 PLACE
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VEN SEQUENZIA

PD

04/23/2006

Electronic Signature of Signing Officer or Director

Date