

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 14, 2009  
Secretary of State

DOCUMENT# N28026

Entity Name: AUTISM SOCIETY OF FLORIDA, INC.

**Current Principal Place of Business:**

8001 DUNCASTLE COURT  
MELBOURNE, FL 32940 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: 8001 DUNCASTLE COURT  
City-St-Zip: MELBOURNE, FL 32940

Title: VD (X) Delete  
Name: OCAMPO, ASHLEY  
Address: 1002 MICCOSUKEE RD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete  
Name: WARDY, DONALD  
Address: 7545 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD ( ) Delete  
Name: GALLOWAY, CARL  
Address: 1950 KING AUTHUR CIRCLE  
City-St-Zip: MAITLAND, FL 32751

Title: VD ( ) Delete  
Name: DEMARIA, ROBERT  
Address: 14218 SW 136 STREET  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: BECERRA, TERESA  
Address: 13254 SW 146 STREET  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: VEN SEQUENZIA

PD

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date