

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008251

**Entity Name:** SOUTH FLORIDA AUTISM CHARTER SCHOOLS, INC.**Current Principal Place of Business:**18305 NW 75 PLACE  
HIALEAH, FL 33015**Current Mailing Address:**18305 NW 75 PLACE  
HIALEAH, FL 33015 US**FEI Number:** 26-3880489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIERCE, GLENN R  
18305 NW 75 PLACE  
HIALEAH, FL 33015 US*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:** GLENN PIERCE

04/05/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name PIERCE, GLENN R  
Address 18305 NW 75 PLACE  
City-State-Zip: HIALEAH FL 33015

Title VC  
Name CAMBO, ROBERT  
Address 18305 NW 75 PLACE  
City-State-Zip: HIALEAH FL 33015

Title SECRETARY/TREASURER  
Name MARTINEZ-FERNANDEZ, YADIRA  
Address 18305 NW 75 PLACE  
City-State-Zip: HIALEAH FL 33015

Title M  
Name LANDESS, CARRIE  
Address 18305 NW 75 PLACE  
City-State-Zip: HIALEAH FL 33015

Title M  
Name MARSH, MICHAEL C  
Address 18305 NW 75 PLACE  
City-State-Zip: HIALEAH FL 33015

Title M  
Name WYLER, WILLIAM R  
Address 18305 NW 75 PLACE  
City-State-Zip: HIALEAH FL 33015

Title MEMBER  
Name NESTOR, CICILY DR.  
Address 18305 NW 75TH PLACE  
City-State-Zip: HIALEAH FL 33015

*I hereby 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 all other like empowered.*

**SIGNATURE:** GLENN PIERCE

CHAIRMAN

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date