

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008251

Entity Name: SOUTH FLORIDA AUTISM CHARTER SCHOOLS, INC.**Current Principal Place of Business:**3751 WEST 108 STREET
HIALEAH, FL 33018**Current Mailing Address:**3751 WEST 108 STREET
HIALEAH, FL 33018 US**FEI Number:** 26-3880489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIERCE, GLENN R
3751 WEST 108 STREET
HIALEAH, FL 33018 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

02/06/2024

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**BOARD CHAIR**

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date