

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008251

Entity Name: SOUTH FLORIDA AUTISM CHARTER SCHOOLS, INC.**Current Principal Place of Business:**13835 NW 97TH AVENUE
HIALEAH, FL 33018**Current Mailing Address:**13835 NW 97TH AVENUE
HIALEAH, FL 33018 US**FEI Number: 26-3880489****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PIERCE, GLENN R
13835 NW 97TH AVENUE
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****01/13/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name PIERCE, GLENN R
Address 13835 NW 97TH AVENUE
City-State-Zip: HIALEAH FL 33018

Title VC
Name CAMBO, ROBERT
Address 13835 NW 97TH AVENUE
City-State-Zip: HIALEAH FL 33018

Title SECRETARY/TREASURER
Name MARTINEZ-FERNANDEZ, YADIRA
Address 13835 NW 97TH AVENUE
City-State-Zip: HIALEAH FL 33018

Title M
Name LANDESS, CARRIE
Address 13835 NW 97TH AVENUE
City-State-Zip: HIALEAH FL 33018

Title M
Name HEIM, YSELA
Address 13835 NW 97TH AVENUE
City-State-Zip: HIALEAH FL 33018

Title M
Name MARSH, MICHAEL C
Address 13835 NW 97TH AVENUE
City-State-Zip: HIALEAH FL 33018

Title M
Name WYLER, WILLIAM R
Address 13835 NW 97TH AVENUE
City-State-Zip: HIALEAH FL 33018

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****01/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date