

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002037

Entity Name: NORTHEAST FLORIDA ADVOCATES FOR AUTISM AND RELATED DISABILITIES, INC.

FILED
Feb 08, 2019
Secretary of State
3870151768CC

Current Principal Place of Business:

960185 GATEWAY BLVD., STE 104
FERNANDINA BEACH, FL 32034

Current Mailing Address:

960185 GATEWAY BLVD., STE104
FERNANDINA BEACH, FL 32034

FEI Number: 47-4968613

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, CLYDE W
960185 GATEWAY BLVD., STE104
FERNANDINA BEACH, FL 32034 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CONNER, AMANDA
Address 97361 PIRATES POINT ROAD
City-State-Zip: YULEE FL 32097

Title SECRETARY
Name DAVIS, JAYME
Address 866223 RIVERWOOD DRIVE
City-State-Zip: YULEE FL 32097

Title VP
Name MULLIS, JENNIFER
Address 84567 CLYDE HIGGANBOTHOM RD
City-State-Zip: YULEE FL 32097

Title CHAIRMAN
Name CONNER, RYAN
Address 97333 PIRATES POINT RD
City-State-Zip: YULEE FL 32097

Title TREASURER
Name SAWRUK, CHRISTINE
Address 463781 SR 200
City-State-Zip: YULEE FL 32097

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: AMANDA CONNER

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date