

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000004803

**Entity Name:** EARTH TO AUTISM INC.**Current Principal Place of Business:**2611 3RD AVENUE N.  
ST. PETERSBURG, FL 33713**Current Mailing Address:**2611 3RD AVE N  
SAINT PETERSBURG, FL 33713 US**FEI Number:** 82-1439948**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCALLI, LEANNE E MS.  
2611 3RD AVENUE N.  
ST. PETERSBURG, FL 33713 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	DIRECTOR
Name	SCALLI, LEANNE
Address	2611 3RD AVENUE N.
City-State-Zip:	ST. PETERSBURG FL 33713

Title	CHAIR
Name	ZAMBONI, KATE
Address	2611 3RD AVENUE N.
City-State-Zip:	ST. PETERSBURG FL 33713

Title	SECRETARY
Name	ANTHONY, MICHAEL
Address	BAYSIDE KEY DRIVE
City-State-Zip:	TAMPA FL 33615

Title	DIRECTOR
Name	HOFFMANN, JESSICA
Address	5131 22ND AVENUE NORTH
City-State-Zip:	SAINT PETERSBURG FL 33710

Title	DIRECTOR
Name	REYBITZ, ARIANNA
Address	321 MEHLENBACHER RD
City-State-Zip:	BELLAIR BLUFFS FL 33770

Title	TREASURER
Name	BONTRAGER, RYAN
Address	3213 PINE CLUB DRIVE
City-State-Zip:	PLANT CITY FL 33566

*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:** LEANNE SCALLI**DIRECTOR****02/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date