

2023 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 PRESIDENT
Name SCALLI, LEANNE
Address 2611 3RD AVENUE N.
City-State-Zip: ST. PETERSBURG FL 33713

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

Title DIRECTOR
Name REYBITZ, ARIANNA
Address 3718 SW 24TH AVE APT. 93D
City-State-Zip: GAINESVILLE, FL 32607

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

Title DIRECTOR
Name MALLINSON, SHERRILL
Address 4333 SPINNAKER COVE LANE
City-State-Zip: TAMPA FL 33615

Title DIRECTOR
Name WOKCIECHOWSKI, ALISON
Address 15823 REDINGTON DRIVE
City-State-Zip: REDINGTON BEACH FL 33708

Title DIRECTOR
Name HOWELL, ANTHONY
Address 4301 WEST LEONA ST
City-State-Zip: TAMPA FL 33629

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 ELIZABETH SCALLI**PRESIDENT****04/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date