

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007828

**Entity Name:** FRIENDS OF FAMILIES WITH AUTISM, INC.

**Current Principal Place of Business:**

4348 MARINERS COVE DRIVE  
WELLINGTON, FL 33449

**Current Mailing Address:**

P.O. BOX 212581  
ROYAL PALM BEACH, FL 33421 US

**FEI Number: 82-2326146**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CLEMENTS, MICHAEL  
4348 MARINERS COVE DRIVE  
WELLINGTON, FL 33449 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 PSTD  
Name CLEMENTS, MICHAEL  
Address 4348 MARINERS COVE DRIVE  
City-State-Zip: WELLINGTON FL 33449

Title D  
Name WEBER, MICHAEL  
Address 4348 MARINERS COVE DRIVE  
City-State-Zip: WELLINGTON FL 33449

Title D  
Name SHERE, MITESH  
Address 4348 MARINERS COVE DRIVE  
City-State-Zip: WELLINGTON FL 33449

*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: MICHAEL CLEMENTS**

**PSTD**

**03/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date