

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000011438

Entity Name: LATIN AUTISM FOUNDATION INC

Current Principal Place of Business:

941 W MORSE BLVD
SUITE 100
WINTER PARK, FL 32789

Current Mailing Address:

PO BOX 470900
CELEBRATION, FL 34747 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATKINS, ELENA
941 W MORSE BLVD
SUITE 100
WINTER PARK, FL 32789 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: ELENA ATKINS

04/21/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ATKINS, JESSICA
Address 941 W MORSE BLVD
 SUITE 100
City-State-Zip: WINTER PARK FL 32789

Title TREASURER
Name PULGARIN, HANNAH
Address 941 W MORSE BLVD
 SUITE 100
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY
Name PULGARIN, SARAH
Address 941 W MORSE BLVD
 SUITE 100
City-State-Zip: WINTER PARK FL 32789

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: JESSICA ATKINS

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04/21/2024

Electronic Signature of Signing Officer/Director Detail

Date