

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28026

FILED
Apr 27, 2016
Secretary of State
CC5861711758

Entity Name: AUTISM SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

2032 KAYLAS COURT
ORLANDO, FL 32817

Current Mailing Address:

PO BOX 677055
ORLANDO, FL 32867 US

FEI Number: 59-2910367

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUARINO, MICHAEL
7268 CRYSTAL SPRING RUN
WEEKI WACHEE, FL 34607 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, DIRECTOR
Name SEQUENZIA, VENERANDO S JR.
Address 2032 KAYLAS COURT
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name BYERLY, PATRICE
Address 8032 GOLDEN GLEN COURT
City-State-Zip: ORLANDO FL 32819

Title VP, DIRECTOR
Name HOAGLUND, STACEY
Address 5505 SW 119 AVENUE
City-State-Zip: COOPER CITY FL 33330

Title TREASURER, DIRECTOR
Name DEMARIA, ROBERT
Address 14218 SW 136 STREET
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name REYNOLDS, ANN
Address 309 PARK LANE DRIVE
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name WARDY, DONALD
Address 7545 S. TROPICAL TRAIL
City-State-Zip: MERRITT ISLAND FL 32952

Title VP, DIRECTOR
Name GOULBOURNE, CHRISTINE
Address 8700 PEREA COURT
City-State-Zip: TRINITY FL 34655

Title DIRECTOR
Name FANE, JILL
Address 5246 CAMELOT FOREST DRIVE
City-State-Zip: JACKSONVILLE FL 32258

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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: VENERANDO S SEQUENZIA JR

PRESIDENT

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MILLER , JOHN
Address 5298 PARK PLACE
City-State-Zip: BOCA RATON FL 33486

Title SECRETARY, DIRECTOR
Name MORRISON, JILL
Address 435 ELWOOD LANE
City-State-Zip: ORLANDO FL 32825

Title DIRECTOR
Name RANDOLPH , STEVE
Address PO BOX 180774
City-State-Zip: TALLAHASSEE FL 32318

Title DIRECTOR
Name BURNETTE, BRAD
Address 12 BAYSHORE POINT
City-State-Zip: VALPARAISO FL 32580