

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28026

**FILED**  
**Mar 20, 2015**  
**Secretary of State**  
**CC4253019987**

**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 PD  
Name SEQUENZIA, VENERANDO S JR.  
Address 2032 KAYLAS COURT  
City-State-Zip: ORLANDO FL 32817

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

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

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

Title D  
Name BECERRA, TERESA  
Address 13254 SW 146 STREET  
City-State-Zip: MIAMI FL 33186

Title D  
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 DIRECTOR  
Name GALLOWAY, CARL III  
Address 1950 KING ARTHUR CIRCLE  
City-State-Zip: MAITLAND FL 32751

**Continues on page 2**

*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**

**03/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HAYS, MARILYN  
Address 301 ILLINOIS AVENUE  
City-State-Zip: APOPKA FL 32703

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

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

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

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