

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28026

**Entity Name:** AUTISM SOCIETY OF FLORIDA, INC.

**Current Principal Place of Business:**

114 N. SUMMERLIN AVE  
SANFORD, FL 32771

**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:**

AUTISM SOCIETY OF FLORIDA  
5505 SW 119 AVE  
COOPER CITY, FL 33330 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:** STACEY HOAGLUND

02/22/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            TREASURER, DIRECTOR  
Name            MARTINEZ, REA  
Address        2700 BUTTONWOOD AVE  
City-State-Zip: MIRAMAR FL 33025

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

Title            VP, DIRECTOR  
Name            BUSCH, KELLY  
Address        1284 WATERVIEW CT  
City-State-Zip: WESTON FL 33326

Title            DIRECTOR  
Name            HERNANDEZ, TONY  
Address        5929 AUGUSTA NATIONAL DR  
                  APT 112  
City-State-Zip: ORLANDO FL 32822

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

Title            DIRECTOR  
Name            ARROYO, JAEL  
Address        47 PECAN LOOP  
City-State-Zip: OCALA FL 34472

Title            DIRECTOR  
Name            DURHAM, KARA  
Address        440 92 ST OCEAN  
City-State-Zip: MARATHON FL 33050

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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:** STACEY HOAGLUND

PRESIDENT

02/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SWANN, LACIE  
Address 4027 OLD PLANTATION LOOP  
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR  
Name CRIST, PATRICIA  
Address 7432 SOUTHWIND DR  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR  
Name HODGES, DANNY  
Address 189 FORBES ROAD  
City-State-Zip: ST AUGUSTINE FL 32092

Title DIRECTOR  
Name HEDELUND, MARGARET  
Address 4300 NE 16 AVENUE  
City-State-Zip: POMPANO BEACH FL 33064

Title DIRECTOR  
Name KAPLAN, RON  
Address 616 LAKE SHORE DRIVE  
City-State-Zip: MAITLAND FL 32751