

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28026

FILED
Apr 25, 2013
Secretary of State
CC5533728760

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

04/25/2013

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 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