

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28026

FILED
Feb 01, 2020
Secretary of State
6255656547CC

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:

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 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

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: STACEY HOAGLUND

PRESIDENT

02/01/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BLEDSOE, LYNETTE
Address 2161 S HIGHWAY 97
City-State-Zip: CANTONMENT FL 32533

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

Title DIRECTOR
Name LAWLESS, WILLIAM
Address 2323 SW 35TH PLACE
APT 6C
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name EDDIE, PERILLO
Address 119 MOONEY RD NE
City-State-Zip: FORT WALTON BEACH FL 32547

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

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