2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 718440

1. Entity Name
AUTISM SOCIETY OF AMERICA, SOUTH FLORIDA CHAPTER, INC.

Principal Place of Business
21212 HARBOR WAY, UNIT 143
AVENTURA, FL 33180

Mailing Address
21212 HARBOR WAY, UNIT 143
AVENTURA, FL 33180

04262004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-1299581 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLANSBERG, MARK
4421 NORTH 41ST CT.
HOLLYWOOD, FL 33021

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mark Glansberg — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE 4/26/04

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000143301
04/30/04-80085-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHIBANQUZA, PAM
STREET ADDRESS	2141 NW 104TH ST.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	SD
NAME	HEMMINGS, ROY
STREET ADDRESS	1374 NE 176TH ST.
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	TD
NAME	ZABLOW, DIANE
STREET ADDRESS	2425 NE 135TH ST., APT 302
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Zablow DIANE ZABLOW — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/26/04 — Daytime Phone # (305) 937-1416