

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N10479** (6)  
1. Corporation Name  
**THE SOUTHWEST FLORIDA AUTISTIC SOCIETY, INC.**



Principal Place of Business <b>% ERIC VARTDAL 15439 YALE DR FORT MYERS FL 33908 US</b>		Mailing Address <b>% ERIC VARTDAL 15439 YALE DR FORT MYERS FL 33908 US</b>	
2. Principal Place of Business <b>21 1354 SIROCCO ST</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 1354 SIROCCO ST</b> Suite, Apt. #, etc.	
22 City & State <b>23 FT. MYERS FL</b>		27 City & State <b>28 FT. MYERS FL</b>	
24 Zip <b>33919</b>		29 Zip <b>33919</b>	
25 Country <b>LEE</b>		30 Country <b>LEE</b>	
3. Date Incorporated or Qualified <b>07/30/1985</b>		3a. Date of Last Report <b>06/05/1995</b>	
4. FEI Number <b>59-2681435</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>VARTDAL, ERIC 15439 YALE DR FORT MYERS FL 33908</b>		10. Name and Address of New Registered Agent <b>81 Name CULLEN, KATIE 82 Street Address (P.O. Box Number is Not Acceptable) 1354 SIROCCO ST 83 84 City FT. MYERS FL 85 Zip Code 33919</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **KATIE CULLEN, PRESIDENT**  
Signature, typed or printed name of registered agent, and title if applicable.

*Katie Cullen*

(NOTE: Registered Agent signature required when reinstating)

**4-28-96**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VARTDAL, ERIC</b>		1.2 NAME <b>CULLEN, KATIE</b>	
STREET ADDRESS <b>15439 YALE DR</b>		1.3 STREET ADDRESS <b>1354 SIROCCO ST</b>	
CITY-ST-ZIP <b>FT. MYERS FL</b>		1.4 CITY-ST-ZIP <b>FT. MYERS FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CULLEN, KATIE</b>		2.2 NAME <b>VARTDAL, ERIC</b>	
STREET ADDRESS <b>1354 SIROCCO ST</b>		2.3 STREET ADDRESS <b>15439 YALE DR</b>	
CITY-ST-ZIP <b>FT. MYERS FL</b>		2.4 CITY-ST-ZIP <b>FT. MYERS FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SPRATT, DELORES</b>		3.2 NAME	
STREET ADDRESS <b>2189 CORONET ST</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT MYERS FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BASHAW, MAUREEN</b>		4.2 NAME <b>STANZ, PHYLLIS</b>	
STREET ADDRESS <b>1456 LYNWOOD AVE</b>		4.3 STREET ADDRESS <b>585 SIR WALTER WAY</b>	
CITY-ST-ZIP <b>FT MYERS FL</b>		4.4 CITY-ST-ZIP <b>NORTH FT. MYERS FL</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DELORES SPRATT, TREASURER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Delores Spratt*

**4/28/96**  
Date

**941-936-0551**  
Daytime Phone #

CR2E037 (12/95)