

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N10479

1. Corporation Name

THE SOUTHWEST FLORIDA AUTISTIC SOCIETY, INC.

Principal Place of Busines
1354 SIROCCO STREET
FORT MYERS FL 33919
บร

Mailing Address
1354 SIROCCO STREET
FORT MYERS FL 33919

US

FILED Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90019 043 ****61.25



Sure, Apt. #, efc. 27 Suite, Apt. #, efc. 28 Suite, Apt. #, efc.	2. Principal Pl	Place of Business 2a. Mailing Address				3. Date incorporated or Qualifed			
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Zip Country Zip Country Zip Country Store	City & State City & State					5. Certifcate of Status Desired			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Parasitation 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 agent, am 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, am familiar with, and accept the obligations of, Section 617 0502. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, am familiar with, and accept the obligations of, Section 617 0503. Florida Statutes SIGNATURE Signature, hower or private name of registered agent and file il agriculate. Description of the provisions of Sections 617 0502 and 617 0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. am familiar with, and accept the obligations of, Section 617 0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. am familiar with, and accept the obligations of, Section 617 0503. Florida Statutes. SIGNATURE Signature, hower or private name of registered agent and file il agriculate. Description of the provision and file in agriculate. Description of the provision and file in agriculate. Description of the provision and file in agriculate. Signature name of registered agent and file il agriculate. Description of the provision and file il agriculate.	3	Lander and the second se				6 Floation Compaign Figureing	\$5.00:	tou Bo	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Fioridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am Initialization of Section 17,0503, Floridal Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Floridal 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 is board of directors. I hereby accept the appointment as registered agent. I am Initialization for the purpose of changing its registered agent a	¬ '								
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33 34 City FL 35 Zip Code					1101110				
### PACE NOTE MYERS FL 33919 33					82 Street Address (P.O. Box Number is Not Acceptable)				
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17. Pursuant to the provisions of Sections 617 0502 and 617 1506. 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 changes authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am amiliar with, and accept the obligations of, Section 917,0903, Florida Statutes. 1.					City		FL 85 Zip C	ode	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Standaria hand or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agen	t signature required	d when reinstating) DAT	E		
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FORT MYERS FL 33919					ADDRESS			İ	
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	CITY-ST-ZIP								

14. 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 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, with all other like empowered.

SIGNATURE

WORKS NUMBER AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

941-278-3247

Daytime Phone #

R2E037 (11/98)