

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N10479

1. Entity Name
THE SOUTHWEST FLORIDA AUTISTIC SOCIETY, INC.



Principal Place of Business
**1354 SIROCCO STREET
FORT MYERS, FL 33919 US**

Mailing Address
**1354 SIROCCO STREET
FORT MYERS, FL 33919 US**



01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2681435 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CULLEN, KATIE
1354 SIROCCO STREET
FORT MYERS, FL 33919**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CULLEN, KATIE
1354 SIROCCO STREET
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
VARTDAL, ERIC
1354 SIROCCO STREET
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LINNEHAN, LINDA S
27 CARROTWOOD CT
FT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
STANZ, PHYLLIS
585 SIR WALTER WAY
NORTH FT MYERS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000201353
01/28/05-80054-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Linda S. Linnehan
Linda S. Linnehan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05 239-278-3247