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Mar 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N49819 (8)

1. Corporation Name

HEART OF FLORIDA AUTISM SOCIETY, INC.

Principal Place of Business

1319 GLENVIEW LANE
LAKELAND FL 33812

Mailing Address

1319 GLENVIEW LANE
LAKELAND FL 33812

3. Date Incorporated or Qualified

07/09/1992

4. FEI Number

59-3132821

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COTTON, RICKEY A.
1319 GLENVIEW LANE
LAKELAND FL 33812

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HUNTER, BETTYE
STREET ADDRESS 219 RIGGINS ST
CITY-ST-ZIP LAKELAND FL

TITLE VD
NAME HOWERTON, SARA
STREET ADDRESS RT 3 BOX 2637-B
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE TD
NAME COTTON, RICKEY
STREET ADDRESS 1319 GLENVIEW LANE
CITY-ST-ZIP LAKELAND FL

TITLE SD
NAME CLARK, GINNY
STREET ADDRESS 5228 FORESTBROOK DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Brown, Carol
1.3 STREET ADDRESS 7522 Pleasant Dr.
1.4 CITY-ST-ZIP Haines City, FL 33844

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SD
4.2 NAME Taylor Pam
4.3 STREET ADDRESS 105 Elm Ct, SE
4.4 CITY-ST-ZIP Winter Haven, FL 33884

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(l), 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

Rickey A. Cotton

Rickey A. Cotton

3-8-98

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