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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49819

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/09/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3132821 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	BROWN, CAROL	
STREET ADDRESS	7532 PLEASANT DR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VD	☑ DELETE
NAME	HOWERTON, SARA	
STREET ADDRESS	RT 3 BOX 2637-B	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	TD	☐ DELETE
NAME	COTTON, RICKEY	
STREET ADDRESS	1319 GLENVIEW LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	☑ DELETE
NAME	TAYLOR, PAM	
STREET ADDRESS	105 ELLEN CT SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD President	☑ Change ☐ Addition
1.2 NAME	Pam Taylor	
1.3 STREET ADDRESS	105 Ellen Ct. S.E	
1.4 CITY-ST-ZIP	Winter Haven, FL 33884	
2.1 TITLE	Vice-President VD	☐ Change ☑ Addition
2.2 NAME	Angie Dawson	
2.3 STREET ADDRESS	963 Whisper Lake Dr. S.W	
2.4 CITY-ST-ZIP	Winter Haven, FL 33880	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary SD	☐ Change ☑ Addition
4.2 NAME	Teresa Manning	
4.3 STREET ADDRESS	3133 West Henderson Circle	
4.4 CITY-ST-ZIP	Lakeland, FL 33803	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE RECEIVED — 4-19-99 — 941-644-4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Rickey A. Cotton