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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	Mailing Address
1319 GLENVIEW LANE LAKELAND FL 33812	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 / Country 24 / 25	Zip / Country 29 / 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD President	☑ Change ☐ Addition
NAME	BROWN, CAROL		1.2 NAME	Pam Taylor	
STREET ADDRESS	7532 PLEASANT DR		1.3 STREET ADDRESS	105 Ellen Ct. S.E	
CITY-ST-ZIP	HAINES CITY FL 33844		1.4 CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	VD	☑ DELETE	2.1 TITLE	Vice-President VD	☐ Change ☑ Addition
NAME	HOWERTON, SARA		2.2 NAME	Angie Dawson	
STREET ADDRESS	RT 3 BOX 2637-B		2.3 STREET ADDRESS	963 Whisper Lake Dr. S.W	
CITY-ST-ZIP	AUBURNDALE FL 33823		2.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COTTON, RICKEY		3.2 NAME		
STREET ADDRESS	1319 GLENVIEW LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	4.1 TITLE	Secretary SD	☑ Change ☑ Addition
NAME	TAYLOR, PAM		4.2 NAME	Teresa Manning	
STREET ADDRESS	105 ELLEN CT SE		4.3 STREET ADDRESS	3133 West Henderson Circle	
CITY-ST-ZIP	WINTER HAVEN FL 33884		4.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED 4-19-99 941-644-4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rickey A. Cotton