



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N49819 1. Entity Name HEART OF FLORIDA AUTISM SOCIETY, INC.					
Principal Place of Business 1319 GLENVIEW LANE LAKELAND, FL 33813		Mailing Address 1319 GLENVIEW LANE LAKELAND, FL 33813			
DO NOT WRITE IN THIS SPACE					
				 04192006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-3132821		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTON, RICKEY A. 1319 GLENVIEW LANE LAKELAND, FL 33813				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				1100000533979 05/06/06-80143-017 61.25	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD DAWSON, ANGIE 963 WHISPER LAKE DR SW WINTER HAVEN, FL 33880			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP TAYLOR, PAM 105 ELLEN CT SE WINTER HAVEN, FL 33884			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TD COTTON, RICKEY 1319 GLENVIEW LANE LAKELAND, FL 33813			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		SD DENNIS, MINDY 1709 HUNTINGTON STREET LAKELAND, FL 33801			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Rickey A. Cotton</u>		Date <u>4-19-06</u> 863 Daytime Phone # <u>644-4828</u>			