


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90029 015 ****61.25

DOCUMENT # N97000000334 1. Entity Name CENTRAL FLORIDA AUTISM INSTITUTE, INC.	
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Principal Place of Business 839 SAGAMORE STREET LAKELAND, FL 33803 US	Mailing Address 839 SAGAMORE STREET LAKELAND, FL 33803 US P.O. Box 2242 33806
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40005436



01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3427964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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 *James K. Miller* 1-19-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

**Filing Fee is \$81.25
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	V. PRESIDENT GILLAN, NANCY 517 S WILSON AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLAN, MARY 934 BONNIE DRIVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LIZ 215 E. CARLISLE ROAD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLICAN, TERRY 839 SAGAMORE STREET LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLAN, MURRELL M 934 BONNIE DRIVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C H. B. MILLICAN, III 839 SAGAMORE ST. LAKELAND, FL 33803

**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)(i), 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: *James K. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-19-05 Daytime Phone #