


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90028 030 \*\*\*\*61.25

<b>DOCUMENT # N97000000334</b> 1. Entity Name <b>CENTRAL FLORIDA AUTISM INSTITUTE, INC.</b>					
Principal Place of Business <b>839 SAGAMORE STREET LAKELAND, FL 33803 US</b>			Mailing Address <b>PO BOX 2292 LAKELAND, FL 33806 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 2237</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>LAKELAND FL</b>		4. FEI Number <b>59-3427964</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33806</b>		Country <b>US</b>		04152008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>ROSS, DENNIS A ROSS, VECCHIO &amp; STANTON, PA 3308 CLEVELAND HGTS BLVD LAKELAND, FL 33803</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILLAN, NANCY</b> <b>517 S WILSON AVE</b> <b>LAKELAND, FL 33801</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>HANNIFAN, DEBBIE</b> <b>848 ORANGE PARK AVE</b> <b>LAKELAND FL 33801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILLAN, MARY</b> <b>934 BONNIE DRIVE</b> <b>LAKELAND, FL 33803</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CANDACE HOLLADAY</b> <b>107 BURNS LN SE</b> <b>WINTER HAVEN FL 33884</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, LIZ</b> <b>215 E. CARLISLE ROAD</b> <b>LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERSHEY, JENNIFER</b> <b>1126 O'DONIEL LOOP N.</b> <b>LAKELAND FL 33804</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLICAN, TERRY</b> <b>839 SAGAMORE STREET</b> <b>LAKELAND, FL 33803</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDREA HOLLADAY</b> <b>3013 RICHMOND DR</b> <b>WINTER HAVEN FL 33884</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILLAN, MURRELL M</b> <b>934 BONNIE DRIVE</b> <b>LAKELAND, FL 33803</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TROIANO, NICK</b> <b>5506 KINGS MONT CT.</b> <b>LAKELAND FL 33813</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP</b> <b>MILLICAN, H B III</b> <b>839 SAGAMORE ST.</b> <b>LAKELAND, FL 33803</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MILLICAN, H B III</b> <b>839 SAGAMORE ST</b> <b>LAKELAND FL 33803</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: <u>Terry L. Millican</u> TERRY L. MILLICAN</b>			<b>4-15-08 8636801396</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		