

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000334

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA AUTISM INSTITUTE, INC.

## Current Principal Place of Business:

839 SAGAMORE STREET  
LAKELAND, FL 33803 US

## New Principal Place of Business:

1525 S. FLORIDA AVENUE  
STE 2  
LAKELAND, FL 33803 US

## Current Mailing Address:

POB 2237  
LAKELAND, FL 33806 US

## New Mailing Address:

1525 S. FLORIDA AVENUE  
STE 2  
LAKELAND, FL 33803 US

FEI Number: 59-3427964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSS, DENNIS A  
ROSS, VECCHIO & STANTON, PA  
3308 CLEVELAND HGTS BLVD  
LAKELAND, FL 33803 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GILLAN, NANCY  
Address: 517 S WILSON AVE  
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete  
Name: GILLAN, MARY  
Address: 934 BONNIE DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: JOHNSON, LIZ  
Address: 215 E. CARLISLE ROAD  
City-St-Zip: LAKELAND, FL 33813

Title: C ( ) Delete  
Name: HANNIFAN, DEBBIE  
Address: 848 ORANGE PRK AVE  
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete  
Name: GILLAN, MURRELL M  
Address: 934 BONNIE DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: T ( ) Delete  
Name: HOLLADAY, CANDACE  
Address: 107 BURNS LN SE  
City-St-Zip: WINTER HAVEN, FL 33884

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C (X) Change ( ) Addition  
Name: JOHNSON, LIZ  
Address: 215 E. CARLISLE ROAD  
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change ( ) Addition  
Name: HANNIFAN, DEBBIE  
Address: 848 ORANGE PRK AVE  
City-St-Zip: LAKELAND, FL 33801

Title: D (X) Change ( ) Addition  
Name: MILLICAN, HANSEL B  
Address: 839 SAGAMORE ST.  
City-St-Zip: LAKELAND, FL 33803

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY L. MILLICAN

ED

02/09/2009

Electronic Signature of Signing Officer or Director

Date