

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90131 001 ****61.25

0048747

DOCUMENT # N97000000334

1. Entity Name

CENTRAL FLORIDA AUTISM INSTITUTE, INC.



Principal Place of Business

934 BONNIE DRIVE
LAKELAND FL 33803-1904

Mailing Address

934 BONNIE DRIVE
LAKELAND FL 33803-1904

2. Principal Place of Business

839 Sagamore St
Suite, Apt. #, etc.

3. Mailing Address

839 Sagamore St
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number 59-3427964

Applied For
Not Applicable

Zip

33803

Country

POIK

Zip

33803

Country

POIK

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	GILLAN, NANCY	
STREET ADDRESS	517 S WILSON AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLAN, MARY	
STREET ADDRESS	934 BONNIE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, LIZ	
STREET ADDRESS	215 E. CARLISLE ROAD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILICAN, TERRY	
STREET ADDRESS	839 SAGAMORE STREET	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	P	<input type="checkbox"/> Delete
NAME	GILLAN, MURRELL M	
STREET ADDRESS	934 BONNIE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	C	<input type="checkbox"/> Delete
NAME	H. B., MILICAN III	
STREET ADDRESS	839 SAGAMORE ST.	
CITY-ST-ZIP	LAKELAND FL 33803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Terry L. Millican Terry L. Millican 943-680-1396

CR2E037 (10/02)