

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007599

**Entity Name:** AUTISM SOCIETY OF GREATER ORLANDO, INC.

**Current Principal Place of Business:**

1650 SAND LAKE ROAD  
SUITE 240  
ORLANDO, FL 32809

**Current Mailing Address:**

1650 SAND LAKE ROAD  
SUITE 240  
ORLANDO, FL 32809 US

**FEI Number:** 59-3407128

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LORMAN, DONNA  
1650 SAND LAKE ROAD  
SUITE 240  
ORLANDO, FL 32809 US

*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

**Officer/Director Detail :**

Title P  
Name LORMAN, DONNA  
Address 4743 HEARTHSIDE DRIVE  
City-State-Zip: ORLANDO FL 32837  
  
Title SECRETARY  
Name COLLINS, CRISTINA  
Address 2836 TOLWORTH AVENUE  
City-State-Zip: ORLANDO FL 32837

Title TRES  
Name TAYLOR, ANGELICA  
Address 6811 TANGLEWOOD BAY DRIVE  
APT 2507  
City-State-Zip: ORLANDO FL 32821  
  
Title VP  
Name SILIPO, THERESA  
Address 15301 HAYWORTH DRIVE  
City-State-Zip: WINTGER GARDEN FL 34787

*I hereby 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 all other like empowered.*

**SIGNATURE:** DONNA LORMAN

**PRESIDENT**

**01/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date