SIGNATURE: GLENN PIERCE

Officer/Director Detail :			
Title	CHAIRMAN	Title	VC
Name	PIERCE, GLENN R	Name	CAMBO, ROBERT
Address	18305 NW 75 PLACE	Address	18305 NW 75 PLACE
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH FL 33015
T:41-		Title	М
Title	SECRETARY/TREASURER	nue	IVI
Name	MARTINEZ-FERNANDEZ, YADIRA	Name	LANDESS, CARRIE
Address	18305 NW 75 PLACE	Address	18305 NW 75 PLACE
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH FL 33015
Title	М	Title	Μ
		Name	WYLER, WILLIAM R
Name	MARSH, MICHAEL C	Name	
Address	18305 NW 75 PLACE	Address	18305 NW 75 PLACE
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH FL 33015

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.

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0800008251

Entity Name: SOUTH FLORIDA AUTISM CHARTER SCHOOLS, INC.

Current Principal Place of Business:

18305 NW 75 PLACE HIALEAH, FL 33015

Current Mailing Address:

18305 NW 75 PLACE HIALEAH, FL 33015 US

FEI Number: 26-3880489

Name and Address of Current Registered Agent:

PIERCE, GLENN R 18305 NW 75 PLACE HIALEAH, FL 33015 US

01/26/2018 Electronic Signature of 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: GLENN R. PIERCE

FILED Jan 26, 2018 Secretary of State CC9645638180

Date

Certificate of Status Desired: No

CHAIRMAN

Date

01/26/2018