DOCUMENT# N08000008251	

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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 PIERCE			03/19/2020
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor 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	
Title	SECRETARY/TREASURER	Title	М	
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	Μ	Title	Μ	
Name	MARSH, MICHAEL C	Name	WYLER, WILLIAM R	
Address	18305 NW 75 PLACE	Address	18305 NW 75 PLACE	
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH FL 33015	
Title	MEMBER			
Name	NESTOR, CICILY DR.			
Address	18305 NW 75TH PLACE			
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.

SIGNATURE: GLENN R PIERCE

BOARD CHAIR

03/19/2020 Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

FILED Mar 19, 2020 Secretary of State 8663018045CC