

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

DOCUMENT# N13000009311

**Entity Name:** MY AUTISM CONNECTION, INC.**Current Principal Place of Business:**8359 BEACON BLVD  
SUITE 311  
FORT MYERS, FL 33907**Current Mailing Address:**8359 BEACON BLVD  
SUITE 311  
FORT MYERS, FL 33907 US**FEI Number:** 46-3881003**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WORTH, SANDRA MARIE  
8359 BEACON BLVD  
SUITE 311  
FORT MYERS, FL 33907 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:** SANDRA MARIE WORTH

05/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, EXECUTIVE DIRECTOR  
Name WORTH, SANDRA  
Address 8359 BEACON BLVD  
SUITE 311  
City-State-Zip: FORT MYERS FL 33907

Title VP  
Name TIETSOR, TREE  
Address 8359 BEACON BLVD  
SUITE 311  
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR  
Name PALACIO, MARIA  
Address 8359 BEACON BLVD  
SUITE 311  
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR  
Name HOWE, DESIREE  
Address 8359 BEACON BLVD  
SUITE 311  
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR  
Name VARTDAL, MARY  
Address 8359 BEACON BLVD  
SUITE 311  
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR  
Name WALKER, TAYLOR  
Address 8359 BEACON BLVD  
SUITE 311  
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR  
Name WORTH, DUSTIN  
Address 8359 BEACON BLVD  
SUITE 311  
City-State-Zip: FORT MYERS FL 33907

Title TREASURER  
Name LA CROIX, MINDY  
Address 8359 BEACON BLVD  
SUITE 311  
City-State-Zip: FORT MYERS FL 33907

*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:** LA CROIX, MINDY

TREASURER

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date