

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000013219

**Entity Name:** AVIOUSLY AUTISM INC.

**Current Principal Place of Business:**

2760 SHARPES COURT  
ORANGE PARK, FL 32065

**Current Mailing Address:**

2760 SHARPES COURT  
ORANGE PARK, FL 32065 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MANNING, AVIANCA S  
2760 SHARPES COURT  
ORANGE PARK, FL 32065 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            PRES  
Name            MANNING, AVIANCA S  
Address        2760 SHARPES COURT  
City-State-Zip: ORANGE PARK FL 32065

Title            VP  
Name            WHITE-MANNING, SHERI A  
Address        3210 BUTTON WOOD DRIVE  
City-State-Zip: MIDDLEBURG FL 32068

Title            VP  
Name            MANNING, AALIYAH S  
Address        3210 BUTTON WOOD DRIVE  
City-State-Zip: MIDDLEBURG FL 32068

*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:** AVIANCA MANNING

CEO

03/15/2021

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

\_\_\_\_\_  
Date