

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000010473

Entity Name: BLOSSOM WITH AUTISM INC

Current Principal Place of Business:

464 CHESTNUT CT.
DELTONA, FL 32725

Current Mailing Address:

464 CHESTNUT CT
DELTONA, FL 32725 US

FEI Number: 92-0497517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TING, JOANNE
464 CHESTNUT CT.
DELTONA, FL 32725 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: JOANNE TING

01/02/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TING, JOANNE
Address 464 CHESTNUT CT.
City-State-Zip: DELTONA FL 32725

Title DIRECTOR
Name GOMEZ, RYAN
Address 464 CHESTNUT CT.
City-State-Zip: DELTONA FL 32725

Title DIRECTOR
Name ANTHONY ROSALES
Address 1841 LYONS ROAD
 302
City-State-Zip: COCONUT CREEK FL 33063

Title VP
Name TING, DANIEL
Address 464 CHESTNUT CT.
City-State-Zip: DELTONA FL 32725

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: JOANNE TING

PRESIDENT

01/02/2025

Electronic Signature of Signing Officer/Director Detail

Date