

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000010473

Entity Name: BLOSSOM WITH AUTISM INC

Current Principal Place of Business:

422 S. NETHERWOOD CRES
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

422 S. NETHERWOOD CRES
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 92-0497517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOANNE CHAPARRO
422 S. NETHERWOOD CRES
ALTAMONTE SPRINGS, FL 32714 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 PTSD
Name CHAPARRO, JOANNE
Address 422 S. NETHERWOOD CRES
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title D
Name GOMEZ, RYAN
Address 422 S. NETHERWOOD CRES
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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 CHAPARRO

PRESIDENT

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date