

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28026

Entity Name: AUTISM SOCIETY OF FLORIDA, INC.**Current Principal Place of Business:**114 N. SUMMERLIN AVE
SANFORD, FL 32771**Current Mailing Address:**PO BOX 677055
ORLANDO, FL 32867 US**FEI Number:** 59-2910367**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AUTISM SOCIETY OF FLORIDA
5505 SW 119 AVE
COOPER CITY, FL 33330 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:** STACEY HOAGLUND

02/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name HOAGLUND, STACEY
Address 5505 SW 119 AVENUE
City-State-Zip: COOPER CITY FL 33330

Title TREASURER, DIRECTOR
Name MARTINEZ, REA
Address 2700 BUTTONWOOD AVE
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name REYNOLDS, ANN
Address 309 PARK LANE DRIVE
City-State-Zip: VENICE FL 34285

Title VP, DIRECTOR
Name BUSCH, KELLY
Address 1284 WATERVIEW CT
City-State-Zip: WESTON FL 33326

Title SECRETARY
Name BAPTISTE, KALISHA
Address 3153 HUTTERSFIELD CIRCLE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name ARROYO, JAELE
Address 47 PECAN LOOP
City-State-Zip: OCALA FL 34472

Title DIRECTOR
Name BONKER, ELIZABETH
Address 204 QUAYSIDE CIRCLE
 502
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name HEDELUND, MARGARET
Address 4300 NE 16 AVENUE
City-State-Zip: POMPANO BEACH FL 33064

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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: STACEY HOAGLUND**PRESIDENT**

02/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CRIST, PATRICIA
Address 7432 SOUTHWIND DR
City-State-Zip: HUDSON FL 34667

Title DIRECTOR
Name DUCLOS, JANA E
Address 2554 GOLDEN PARK LANE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name MERCER, CARLA
Address 3287 CLIMBING IVY TRAIL
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name BLAZE, CONRAD
Address 126 AZALEA ROAD
City-State-Zip: DEBARY FL 32713

Title DIRECTOR
Name KAPLAN, RON
Address 616 LAKE SHORE DRIVE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name LIZARDO, ANNETTE
Address 174 CRYSTAL OAK DRIVE
City-State-Zip: DELAND FL 32720

Title DIRECTOR
Name BARBEYTO, LUCIA
Address 11256 SW 238 ST
City-State-Zip: HOMESTEAD FL 33032