

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004280

Entity Name: OUTREACH AUTISM SERVICES NETWORK, INC.**Current Principal Place of Business:**7634 SW 60TH AVE
OCALA, FL 34476**Current Mailing Address:**7634 SW 60TH AVE
OCALA, FL 34476 US**FEI Number:** 45-5484493**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VEGA, KAREN
7634 SW 60TH AVE
OCALA, FL 34476 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:** KAREN VEGA

04/21/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name VEGA, KAREN
Address 7634 SW 60TH AVE
City-State-Zip: Ocala FL 34476

Title CHAIR
Name STRAYHORN, SHANNON
Address 7634 SW 60TH AVE
City-State-Zip: Ocala FL 34476

Title SECRETARY
Name DILLIER, BROOKE
Address 7634 SW 60TH AVE
City-State-Zip: Ocala FL 34476

Title TREASURER
Name DEWAR, JAMES
Address 7634 SW 60TH AVE
City-State-Zip: Ocala FL 34476

Title BOARD MEMBER
Name ESTES, ZACHARIAH
Address 7634 SW 60TH AVE
City-State-Zip: Ocala FL 34476

Title BOARD MEMBER
Name DUSH, GAIL
Address 7634 SW 60TH AVE
City-State-Zip: Ocala FL 34476

Title BOARD MEMBER
Name CULVER, JONATHAN
Address 7634 SW 60TH AVE
City-State-Zip: Ocala FL 34476

Title BOARD MEMBER
Name MCLEAN, MARTI
Address 7634 SW 60TH AVE
City-State-Zip: Ocala FL 34476

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: KAREN VEGA

EXECUTIVE DIRECTOR

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date