

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004280

Entity Name: OCALA AUTISM SUPPORT NETWORK INC.**Current Principal Place of Business:**2801 SW COLLEGE ROAD
12
OCALA, FL 34474**Current Mailing Address:**P. O. BOX 771104
OCALA, FL 34477**FEI Number:** 45-5484493**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VEGA, KAREN C
2801 SW COLLEGE ROAD
12
OCALA, FL 34474 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 PRESIDENT
Name VEGA, KAREN C
Address 2801 SW COLLEGE ROAD
 12
City-State-Zip: Ocala FL 34474

Title AD
Name VEGA, CESAR A
Address 2801 SW COLLEGE ROAD
 12
City-State-Zip: Ocala FL 34474

Title DIRECTOR
Name PIO, JEANETTE
Address 2801 SW COLLEGE ROAD
 12
City-State-Zip: Ocala FL 34474

Title VP
Name VALCANTE, GREG DR.
Address 2801 SW COLLEGE ROAD
 12
City-State-Zip: Ocala FL 34474

Title TREASURER
Name PERALES, AMPARO
Address 2801 SW COLLEGE ROAD
 12
City-State-Zip: Ocala FL 34474

Title AD
Name PERALES, HARRY SR.
Address 2801 SW COLLEGE ROAD
 12
City-State-Zip: Ocala FL 34474

Title SECRETARY
Name SILLWAY, LORI
Address 2801 SW COLLEGE ROAD
 12
City-State-Zip: Ocala FL 34474

Title DIRECTOR
Name TOUCHTON-WILLIAMS, ALEXIS DR.
Address 2801 SW COLLEGE ROAD
 12
City-State-Zip: Ocala FL 34474

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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: KAREN VEGA

PRESIDENT

03/07/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HUTCHINSON, JENNIFER
Address 2801 SW COLLEGE ROAD
12
City-State-Zip: OCALA FL 34474

Title DIRECTOR
Name MOORE, SUZANNE
Address 2801 SW COLLEGE ROAD
12
City-State-Zip: OCALA FL 34474

Title DIRECTOR
Name RUIZ, ANA
Address 2801 SW COLLEGE ROAD
12
City-State-Zip: OCALA FL 34474