

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

06/18/2019

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 BOARD MEMBER

Name ANDRADE, EDGARD DR.

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 ESTES, ZACHARIAH

Address 7634 SW 60TH AVE

City-State-Zip: OCALA FL 34476

Title BOARD MEMBER

Name PIO, JEANETTE

Address 7634 SW 60TH AVE

City-State-Zip: OCALA FL 34476

Title BOARD MEMBER

Name REPKO, JODI ARNP

Address 7634 SW 60TH AVE

City-State-Zip: OCALA FL 34476

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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

EXECUTIVE DIRECTOR

06/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               BOARD MEMBER  
Name               DEWAR, JAMES  
Address            7634 SW 60TH AVE  
City-State-Zip:   OCALA FL 34476

Title               BOARD MEMBER  
Name               WALLICK, MATTHEW  
Address            7634 SW 60TH AVE  
City-State-Zip:   OCALA FL 34476