

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004280

Entity Name: OUTREACH AUTISM SERVICES NETWORK, INC.**Current Principal Place of Business:**2801 SW COLLEGE ROAD #12
OCALA, FL 34474**Current Mailing Address:**2801 SW COLLEGE ROAD
SUITE #12
OCALA, FL 34474 US**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 ASSOCIATE DIRECTOR
Name VEGA, CESAR A
Address 2801 SW COLLEGE ROAD
 12
City-State-Zip: Ocala FL 34474

Title DIRECTOR
Name KIRBAS, CHRIS
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 ASSOCIATE DIRECTOR
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 SOSSONG, ANNMARIE
Address 2801 SW COLLEGE ROAD
 12
City-State-Zip: Ocala FL 34474

Continues on page 2

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

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WALLICK, MATTHEW
Address 2801 SW COLLEGE ROAD #12
City-State-Zip: OCALA FL 34474

Title DIRECTOR
Name DUSH, GAIL
Address 2801 SW COLLEGE ROAD #12
City-State-Zip: OCALA FL 34474