

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004280

Entity Name: OCALA AUTISM SUPPORT NETWORK INC.

Current Principal Place of Business:

4115 SW 130TH PLACE
OCALA, FL 34473

Current Mailing Address:

P. O. BOX 771104
OCALA, FL 34477

FEI Number: 45-5484493

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VEGA, KAREN C
4115 SW 130TH PLACE
OCALA, FL 34473 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 D
Name VEGA, KAREN C
Address 4115 SW 130TH PLACE
City-State-Zip: OCALA FL 34473

Title AD
Name PERALES, AMPARO
Address 8085 SW 34TH PLACE
City-State-Zip: OCALA FL 34481

Title AD
Name VEGA, CESAR A
Address 4115 SW 130TH PLACE
City-State-Zip: OCALA FL 34473

Title AD
Name PERALES, HARRY SR.
Address 8085 SW 34TH PLACE
City-State-Zip: OCALA, FL 34481

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

DIRECTOR

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date