

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 11, 2011
Secretary of State

Entity Name: AUTISM OASIS FOR KIDS, INC.

Current Principal Place of Business:

205 MAIN ST
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

205 SOUTH MAIN ST
HIGH SPRINGS, FL 32643 US

Current Mailing Address:

PO BOX 109
LACROSSE, FL 32658 US

New Mailing Address:

FEI Number: 80-0560216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CECIL, ROBERT A
5611 NW 207TH PL
LACROSSE, FL 32658 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: CECIL, ROBERT A
Address: P. O. BOX 238
City-St-Zip: LACROSSE, FL 32658 US

Title: D
Name: WISE, RONALD H
Address: 5986 S COUNTY RD 231
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: D
Name: WISE, BEVERLY H
Address: 5986 SOUTH COUNTY ROAD 231
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: D
Name: OSTROV, DAVID PHD
Address: 401 SW 43 TERR
City-St-Zip: GAINSVILLE, FL 32607 US

Title: S
Name: SHERMAN, LORRAINE H
Address: 3811 NW 177TH AVE.
City-St-Zip: GAINESVILLE, FL 32609 US

Title: D
Name: GLEN, THOMAS J
Address: 608 SW BEAR LANE
City-St-Zip: FORT WHITE, FL 32038 US

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: ROBERT A. CECIL

P

01/11/2011

Electronic Signature of Signing Officer or Director

Date