

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002536

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** AUTISM OASIS FOR KIDS, INC.

**Current Principal Place of Business:**

205 SOUTH MAIN ST  
HIGH SPRINGS, FL 32643 US

**New Principal Place of Business:**

5528 NW 43RD STREET  
C/O WORTHINGTON PEDIATRICS  
GAINESVILLE, FL 32653 US

**Current Mailing Address:**

PO BOX 109  
LACROSSE, FL 32658 US

**New Mailing Address:**

P.O. BOX 2591  
ALACHUA, FL 32616 US

**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:**

CARL, MINK S  
18805 NW 80TH TERRACE  
ALACHUA, FL 32615 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: CARL S. MINK

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CECIL, ROBERT A  
Address: 5611 NW 207TH PLACE  
City-St-Zip: LACROSSE, FL 32658 US

Title: DP  
Name: ERIC, PEREZ  
Address: 3725 NW 110TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D  
Name: WORTHINGTON, NANCY  
Address: 5528 NW 43RD STREET  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: D  
Name: WRIGHT, NANCY  
Address: 3231 NW 47TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: DS  
Name: PEREZ, AUSTIN  
Address: 14150 NE 60TH STREET  
City-St-Zip: ARCHER, FL 32696 US

Title: DT  
Name: CARL, MINK  
Address: 18805 NW 80TH TERRACE  
City-St-Zip: ALACHUA, FL 32615 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: CARL S. MINK

DT

04/19/2012

Electronic Signature of Signing Officer or Director

Date