2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N12000004280

Entity Name: OUTREACH AUTISM SERVICES NETWORK, INC.

FILED Aug 25, 2015 Secretary of State CC5702762464

Current Principal Place of Business:

2012 SW 20TH PLACE **SUITE #302** OCALA, FL 34471

Current Mailing Address:

2012 SW 20TH PLACE **SUITE #302** OCALA, FL 34471 US

FEI Number: 45-5484493 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VEGA, KAREN 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: KAREN VEGA 08/25/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Address

Title PRESIDENT, CO-FOUNDER AND Title

> EXECUTIVE DIRECTOR Name VALCANTE, GREG

Name VEGA, KAREN 2012 SW 20TH PLACE Address

2012 SW 20TH PLACE **SUITE #302 SUITE #302**

City-State-Zip: OCALA FL 34471 City-State-Zip: OCALA FL 34471

Title **SECRETARY**

Title **TREASURER** Name SILLOWAY, LORI Name KIRBAS, CHRIS

Address 2012 SW 20TH PLACE Address 2012 SW 20TH PLACE **SUITE #302**

SUITE #302 City-State-Zip: OCALA FL 34471

City-State-Zip: OCALA FL 34471

Title DIRECTOR Title **DIRECTOR** Name DUSH, GAIL

Name COLEN, CAROLINA Address 2012 SW 20TH PLACE

2012 SW 20TH PLACE Address **SUITE #302 SUITE #302**

City-State-Zip: OCALA FL 34471 City-State-Zip: OCALA FL 34471

Title DIRECTOR Name WALLICK, MATTHEW Name SOSSONG, ANNMARIE

Address 2012 SW 20TH PLACE Address 2012 SW 20TH PLACE **SUITE #302**

SUITE #302 OCALA FL 34471 City-State-Zip:

City-State-Zip: OCALA FL 34471

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.

Title

SIGNATURE: KAREN VEGA

PRESIDENT/CO FOUNDER AND **EXECUTIVE DIRECTOR**

DIRECTOR

08/25/2015

Officer/Director Detail Continued:

Title DIRECTOR, ASSOCIATE & CO-FOUNDER

Name VEGA, CESAR

Address 2012 SW 20TH PLACE

SUITE #302

City-State-Zip: OCALA FL 34471

Title OTHER, CO-FOUNDER Name PERALES, HARRY SR.

Address 2012 SW 20TH PLACE

SUITE #302

City-State-Zip: OCALA FL 34471

Title OTHER, CO-FOUNDER
Name PERALES, AMPARO

Address 2012 SW 20TH PLACE

SUITE #302

City-State-Zip: OCALA FL 34471