#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004280

Entity Name: OCALA AUTISM SUPPORT NETWORK INC.

**FILED** Mar 07, 2014 **Secretary of State** CC2838148511

## **Current Principal Place of Business:**

2801 SW COLLEGE ROAD

12

OCALA, FL 34474

### **Current Mailing Address:**

P. O. BOX 771104 OCALA, FL 34477

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

### Name and Address of Current Registered Agent:

VEGA, KAREN C 2801 SW COLLEGE ROAD 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.

Name

SIGNATURE:

Name

Address

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

**PRESIDENT** Title **TREASURER** Title VEGA, KAREN C PERALES, AMPARO

2801 SW COLLEGE ROAD 2801 SW COLLEGE ROAD Address Address

City-State-Zip: OCALA FL 34474 City-State-Zip: OCALA FL 34474

Title AD Title AD

Name VEGA, CESAR A Name PERALES, HARRY SR.

2801 SW COLLEGE ROAD 2801 SW COLLEGE ROAD Address Address

City-State-Zip: OCALA FL 34474 City-State-Zip: OCALA FL 34474

Title DIRECTOR Title **SECRETARY** Name PIO, JEANETTE Name SILLOWAY, LORI

2801 SW COLLEGE ROAD

2801 SW COLLEGE ROAD Address

City-State-Zip: OCALA FL 34474 City-State-Zip: OCALA FL 34474

Title Title **DIRECTOR** 

Name VALCANTE, GREG DR. Name TOUCHTON-WILLIAMS, ALEXIS DR.

2801 SW COLLEGE ROAD 2801 SW COLLEGE ROAD Address Address

OCALA FL 34474 City-State-Zip: OCALA FL 34474 City-State-Zip:

### 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.

03/07/2014 SIGNATURE: KAREN VEGA **PRESIDENT** 

# Officer/Director Detail Continued:

Title DIRECTOR

Name HUTCHINSON, JENNIFER

Address 2801 SW COLLEGE ROAD

12

City-State-Zip: OCALA FL 34474

Title DIRECTOR

Name MOORE, SUZANNE

Address 2801 SW COLLEGE ROAD

12

City-State-Zip: OCALA FL 34474

Title DIRECTOR Name RUIZ, ANA

Address 2801 SW COLLEGE ROAD

12

City-State-Zip: OCALA FL 34474