2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004280

Entity Name: OUTREACH AUTISM SERVICES NETWORK, INC.

FILED
Apr 15, 2015
Secretary of State
CC8276901898

Current Principal Place of Business:

2801 SW COLLEGE ROAD #12 OCALA, FL 34474

Current Mailing Address:

2801 SW COLLEGE ROAD SUITE #12 OCALA. FL 34474 US

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

Name and Address of Current Registered Agent:

VEGA, KAREN C 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:

City-State-Zip:

OCALA FL 34474

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name VEGA, KAREN C Name PERALES, AMPARO

Address 2801 SW COLLEGE ROAD Address 2801 SW COLLEGE ROAD

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

TitleASSOCIATE DIRECTORTitleASSOCIATE DIRECTORNameVEGA, CESAR ANamePERALES, HARRY SR.

Address 2801 SW COLLEGE ROAD Address 2801 SW COLLEGE ROAD

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

Title DIRECTOR Title SECRETARY

Name KIRBAS, CHRIS Name SILLOWAY, LORI

Address 2801 SW COLLEGE ROAD Address 2801 SW COLLEGE ROAD

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

Title VP Title DIRECTOR

Name VALCANTE, GREG DR. Name SOSSONG, ANNMARIE

Address 2801 SW COLLEGE ROAD Address 2801 SW COLLEGE ROAD

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OCALA FL 34474

City-State-Zip:

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 PRESIDENT 04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameWALLICK, MATTHEWNameDUSH, GAIL

Address 2801 SW COLLEGE ROAD #12 Address 2801 SW COLLEGE ROAD #12

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