

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000000919

Entity Name: COLLEGE AUTISM NETWORK, INC.

Current Principal Place of Business:

3122 MAHAN DR.,
SUITE 801-273
TALLAHASSEE, FL 32308

Current Mailing Address:

3122 MAHAN DR.,
SUITE 801-273
TALLAHASSEE, FL 32308 US

FEI Number: 81-1288718

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COX, BRADLEY E DR
2806 TOPAZ WAY
TALLAHASSEE, FL 32309 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EDIR
Name COX, BRADLEY E
Address 2806 TOPAZ WAY
City-State-Zip: TALLAHASSEE FL 32309

Title DIR
Name REASON, ROBERT D
Address 3005 ASPEN RD
City-State-Zip: AMES IA 50014

Title DIR
Name BROWER, REBECCA L
Address 7103 WHITE OAK LN
City-State-Zip: MONTGOMERY AL 36117

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: BRADLEY E. COX

EXECUTIVE DIRECTOR

04/28/2018

Electronic Signature of Signing Officer/Director Detail

Date