FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700105 (0)

1. Corporation Name

~~CRIPPLED CHILDREN'S SOCIETY OF ORANGE COUNTY, IN~~
CORPORATED OASIS - Organization for Assistance to Sensory Impaired Students

Principal Place of Business
3929 Magnolia Pointe
~~434 N. TAMPA AVE.~~
ORLANDO FL ~~32805~~
32810

Mailing Address
434 N. TAMPA AVE.
% SANDRA OSBORN (P.O. BOX 271)
ORLANDO FL 32805
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1959
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2114775 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business
21 3929 Magnolia Pointe
22 Suite, Apt. #, etc.
23 City & State: Orlando Fl.
24 Zip: 32810
25 Country: Seminole

2a. Mailing Address
26 3929 Magnolia Pointe
27 Suite, Apt. #, etc.
28 City & State: Orlando Fl
29 Zip: 32810
30 Country: Seminole

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
OSBORN, SANDRA R.
445 WEST AMELIA STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name: Harrah Larry
82 Street Address (P.O. Box Number is Not Acceptable): 3929 Magnolia Pointe
83
84 City: Orlando FL 85 Zip Code: 32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Larry Harrah 4-12-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Co President D	☒ Change ☐ Addition
NAME	OSBORN, SANDRA	12 NAME	Simone Tetrault	
STREET ADDRESS	434 N. TAMPA AVE.	13 STREET ADDRESS	N.A. Po Box 475	
CITY - ST - ZIP	ORLANDO FL	14 CITY - ST - ZIP	Tavernier, Fl. 32777	
TITLE	D	21 TITLE	Co-President D	☒ Change ☐ Addition
NAME	DEMETREE, MARY L	22 NAME	Cheri Dugan	
STREET ADDRESS	3348 EDGEWATER DR.	23 STREET ADDRESS	66 and St. Partin	
CITY - ST - ZIP	ORLANDO, FL 00000	24 CITY - ST - ZIP	Orlando, Fl. 32812	
TITLE	D	31 TITLE	Secretary D	☒ Change ☐ Addition
NAME	HANNA, JERRI	32 NAME	Cathy Crawford	
STREET ADDRESS	445 W AMELIA ST	33 STREET ADDRESS	445 W Amelia	
CITY - ST - ZIP	ORLANDO, FL 00000	34 CITY - ST - ZIP	Orlando, Fl 32801	
TITLE	P	41 TITLE	Treasurer	☒ Change ☐ Addition
NAME	RICARD, MARTHA	42 NAME	Larry Harrah	
STREET ADDRESS	434 N TAMPA AVE	43 STREET ADDRESS	3929 Magnolia Pointe	
CITY - ST - ZIP	ORLANDO, FL 00000	44 CITY - ST - ZIP	Orlando Fl 32810	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY - ST - ZIP		54 CITY - ST - ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY - ST - ZIP		64 CITY - ST - ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Larry Harrah 4/12/95 407-323-5710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
$250

0003704