

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 02, 2008  
Secretary of State

DOCUMENT# N07000007328

Entity Name: THE OASIS PLAN, INC.

**Current Principal Place of Business:**

1103 DORIS STREET  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1103 DORIS STREET  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 77-0693439      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LOVE, SUE E  
1103 DORIS STREET  
ALTAMONTE SPRINGS, FL 32714      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LOVE, SUE E  
Address: 1103 DORIS STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP      ( ) Delete  
Name: TAYLOR, DEBREITA D  
Address: 606 CAMDEN ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S/T      ( ) Delete  
Name: NOE, KELLY M  
Address: 3901 SR 46 WEST  
City-St-Zip: SANFORD, FL 32771

Title: T      ( ) Delete  
Name: TILLMAN, LARRY L  
Address: 4866 S. SEMORAN BLVD. UNIT # 1802  
City-St-Zip: ORLANDO,, FL 32822

Title: T      ( ) Delete  
Name: OGLESBY, LORNA F  
Address: 640-F MUSCOVY CIRCLE  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUE E. LOVE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

07/02/2008

\_\_\_\_\_  
Date