

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2009
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 (X)
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

P

05/10/2009

Electronic Signature of Signing Officer or Director

_____ Date