2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N07000005995

Entity Name: THE OASIS CENTER FOR WOMEN & GIRLS, INC.

Current Principal Place of Business:

317 E. CALL STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

317 E. CALL STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-0278278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OTTE, KELLY K
317 E. CALL STREET
TALLAHASSEE, FL 32301 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: OTTE, KELLY
Address: 1075 ALAMEDIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: T ( ) Delete
Name: CARR, TIFFANY
Address: 2415 KILLEARNY WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: S ( ) Delete
Name: CRAIG-GARREN, TERESA
Address: PO BOX 20910
City-St-Zip: TALLAHASSEE, FL 32316

Title: VP (X) Delete
Name: BYE, KATHERINE
Address: 3956 BOBBIN BROOK CIR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BYE, KATHY
Address: 3956 BOBBIN BROOK CIR
City-St-Zip: TALLAHASSEE, FL 32308

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: KATHY BYE PRES 04/24/2009

Electronic Signature of Signing Officer or Director — Date