

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005995

**Entity Name:** THE OASIS CENTER FOR WOMEN & GIRLS, INC.**Current Principal Place of Business:**317 E. CALL STREET  
TALLAHASSEE, FL 32301**Current Mailing Address:**317 E. CALL STREET  
TALLAHASSEE, FL 32301**FEI Number:** 26-0278278**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUTLER, HALEY N  
317 E. CALL STREET  
TALLAHASSEE, FL 32301 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:** HALEY CUTLER

03/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MACDILL, PAM  
Address        8412 PINE CONE RD  
City-State-Zip: TALLAHASSEE FL 32311

Title            TREASURER  
Name            BYE, KATHY  
Address        3956 BOBBIN BROOK CIR  
City-State-Zip: TALLAHASSEE FL 32308

Title            VICE PRESIDENT  
Name            BRENNAN, KATHLEEN  
Address        4778 LANCASHURE LN  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            HOUSTON, KIMBERLY  
Address        2504 MAR COURT  
City-State-Zip: TALLAHASSEE FL 32301

Title            SECRETARY  
Name            DIXON, GAIL  
Address        2427 BASSWOOD LN  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            MILLER, NANCY S  
Address        PO BOX 16278  
City-State-Zip: TALLAHASSEE FL 32317

Title            EXECUTIVE DIRECTOR  
Name            CUTLER, HALEY N  
Address        317 E. CALL STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title            DIRECTOR  
Name            OLIVE-HALL, MARTHA  
Address        272 ROSEHILL DRIVE NORTH  
City-State-Zip: TALLAHASSEE FL 32312

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*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:** HALEY CUTLER

EXECUTIVE DIRECTOR

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BUTTON, MARISA  
Address 501 BLAIRSTONE RD. #4202  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name SAXNER, SARA  
Address 415 ST. FRANCIS STREET #301  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name JONES, ANDREA  
Address 705 BIVINS AVE  
City-State-Zip: TALLAHASSEE FL 32303