

**2017 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 SEEGER, 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 SEEGER

01/18/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            DIRECTOR  
Name            JUAREZ, LENA  
Address        845 CIRCLE DR.  
City-State-Zip: TALLAHASSEE FL 32301

Title            TREASURER  
Name            BUTTON, MARISA  
Address        561 RAWLS RD  
City-State-Zip: TALLAHASSEE FL 32312

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

Title            DIRECTOR  
Name            HAMILTON, TIFFANY  
Address        4256 OLD PLANTATION LOOP  
City-State-Zip: TALLAHASSEE FL 32311

Title            DIRECTOR  
Name            PRUETT, KORI  
Address        1705 RAA AVE.  
City-State-Zip: TALLAHASSEE FL 32303

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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 SEEGER**EXECUTIVE DIRECTOR**

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SJOSTROM, ERIN  
Address 6359 DUCK CALL CT  
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR  
Name STEELE, JACQUELYN  
Address 5024 BRADFORDVILLE RD.  
City-State-Zip: TALLAHASSEE FL 32309