

2015 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

01/22/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GRAHAM, 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**

01/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SAYLOR, DANETTE G
Address	5532 WESTVIEW LN
City-State-Zip:	TALLAHASSEE FL 32310