2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005995

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

FILED Feb 02, 2021 **Secretary of State** 9189395094CC

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:

OTTE, KELLY 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: KELLY OTTE 02/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT, PRESIDENT Title IMMEDIATE PAST PRESIDENT

BRENNAN, KATHLEEN BUTTON, MARISA Name Name 4778 LANCASHURE LN 561 RAWLS RD Address Address

City-State-Zip: TALLAHASSEE FL 32312 TALLAHASSEE FL 32309 City-State-Zip:

Title DIRECTOR Title DIRECTOR

JONES, ANDREA Name HAMILTON, TIFFANY Name

Address 4256 OLD PLANTATION LOOP Address 705 BIVINS AVE. TALLAHASSEE FL 32311 City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip:

٧/P Title Title **DIRECTOR**

Name REZAEI, ROSE Name JUAREZ, LENA Address 3225 ORIOLE CT 845 CIRCLE DR. Address

City-State-Zip: TALLAHASSEE FL 32308 TALLAHASSEE FL 32301 City-State-Zip:

Title DIRECTOR Title DIRECTOR Name HILL, CAROL SJOSTROM, ERIN Name

3480 ROSEMONT RIDGE RD Address 6359 DUCK CALL CT Address City-State-Zip: TALLAHASSEE FL 32312 TALLAHASSEE FL 32309 City-State-Zip:

Continues on page 2

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.

02/02/2021 SIGNATURE: KELLY OTTE EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name HILL, SAVANNAH Name ANCHETA, LINDSAY

Address 1323 HIDDEN TIMBERS PL. Address 2048 TED HINES DRIVE

City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR Title TREASURER

NameLONDOT, MOLLIENameTHORNTON, GLENDAAddress722 INGLESIDE AVEAddress1188 STONEY CREEK WAYCity-State-Zip:TALLAHASSEE FL 32303City-State-Zip:TALLAHASSEE FL 32317

Title DIRECTOR Title DIRECTOR

Name FULKERSON, LAUREL Name GOFF, AUDREY

Address 901 RIGGINS RD. #835 Address 3498 LOMA FARM RD. 311 E. JENNINGS STREET

City-State-Zip: TALLAHASSEE FL 32308 City State Zip: TALLAHASSEE FL 32300

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR Title EXECUTIVE DIRECTOR

Name STEELE, JACQUELYN Name OTTE, KELLY
Address 5024 BRADFORDVILLE RD.

Address 5024 BRADFORDVILLE RD. Address 1075 ALAMEDA DRIVE

City-State-Zip: TALLAHASSEE FL 32309 City-State-Zip: TALLAHASSEE FL 32317