

2013 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:**BYE, KATHERINE J
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

Title	DIRECTOR
Name	VILLAVICENCIO, MARIA J
Address	2203 W PENSACOLA ST, APT D-2
City-State-Zip:	TALLAHASSEE FL 32304

Title	DIRECTOR
Name	BLACK, KRISTEN
Address	3385 TANSEY CT.
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	MORO, BARBARA M
Address	2014 MIDYETTE RD UNIT 801
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	OTTE, KELLY K
Address	1075 ALAMEDA DR
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	ARMSTRONG, JO
Address	10520 CASANOVA DR.
City-State-Zip:	TALLAHASSEE FL 32317

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

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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: KATHERINE BYE**PRESIDENT****01/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CRAIG-GARREN, TERESA
Address	317 E CALL ST
City-State-Zip:	TALLAHASSEE FL 32301