

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90058 048 ****61.25

40055403



DOCUMENT # 749094 1. Entity Name OASIS MANAGEMENT CORPORATION					
Principal Place of Business 3511 S. PENINSULA DRIVE DAYTONA BEACH, FL 32127 US				Mailing Address 3511 S. PENINSULA DRIVE DAYTONA BEACH, FL 32127 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2011909	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PARKES, KAREN 3511 S. PENINSULA DRIVE SOUTHEAST MANAGEMENT SERVICES, INC DAYTONA BEACH, FL 32127				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARBER, AL		NAME		
STREET ADDRESS	5625 SOUTHERN PKWY.		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40214		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KISTLER, DON		NAME	President Kistler Don	
STREET ADDRESS	99 NARROWS RD		STREET ADDRESS	99 Narrows Rd	
CITY-ST-ZIP	WESTMINSTER, MA 01473		CITY-ST-ZIP	Westminster, MA 01473	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PANTANO, DOMINIC		NAME	Vice President Betty Davidson	
STREET ADDRESS	103 BROWNING STREET, #12		STREET ADDRESS	3285 Richard Road	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL		CITY-ST-ZIP	Gibsonia, PA 15044	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ANITA		NAME		
STREET ADDRESS	230 BEECHTREE LAND		STREET ADDRESS		
CITY-ST-ZIP	MOUNT WASHINGTON, KY 40047		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILL, EMILY		NAME		
STREET ADDRESS	6 BOYNTON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Karen Solomon</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KAREN SOLOMON		
			Date 4/7/05 Daytime Phone # 386 761-5733		