


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90331 003 \*\*\*\*61.25

<b>DOCUMENT # 749094</b> 1. Entity Name <b>OASIS MANAGEMENT CORPORATION</b>					
Principal Place of Business <b>3511 S. PENINSULA DRIVE</b> <b>DAYTONA BEACH, FL 32127</b> US			Mailing Address <b>3511 S. PENINSULA DRIVE</b> <b>DAYTONA BEACH, FL 32127</b> US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>59-2011909</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PARKES, KAREN</b> <b>3511 S. PENINSULA DRIVE</b> <b>SOUTHEAST MANAGEMENT SERVICES, INC</b> <b>DAYTONA BEACH, FL 32127</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating)    DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHARBER, AL 5625 SOUTHERN PKWY. LOUISVILLE, KY 40214 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sharber AL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5625 Southern Bkwy. Louisville KY 40214		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KISTLER, DON 99 NARROWS RD WESTMINSTER, MA 01473 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kistler Don <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 99 Narrows Rd. Westminster, MO. 01473		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIDSON, BETTY 3285 RICHLAND ROAD GIBSONIA, PA 15044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Davidson, Betty <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3285 Richland Rd. Gibsonia, PA 15044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, ANITA 230 BEECHTREE LAND MOUNT WASHINGTON, KY 40047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams Anita <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 230 Beechtree Land Mt Washington KY 40047		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL, EMILY 6 BOYNTON BLVD. DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Bill, Emily <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 Boynton Blvd. Daytona Bch, FL 32119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>A. G. Sharber</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-5-06 Date                      Daytime Phone #			

**50010474**



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