

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 19, 2001 8:00 am
Secretary of State

06-29-2001 90001 026 ****61.25

DOCUMENT # N00000006049

1. Entity Name

OASIS OUTREACH, INC.

Principal Place of Business

**8057 ARLINGTON EXPRESSWAY, STE. 13
JACKSONVILLE FL 32211**

Mailing Address

**8057 ARLINGTON EXPRESSWAY, STE. 13
JACKSONVILLE FL 32211**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODMAN, MARK B
8057 ARLINGTON EXPRESSWAY, STE. 13
JACKSONVILLE FL 32211**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D President (Executive Director) <input type="checkbox"/> Delete
NAME	mark B. Goodman
STREET ADDRESS	2139 Minerva Ave
CITY-ST-ZIP	Jacksonville FL 32207

TITLE	V/D Vice President <input type="checkbox"/> Delete
NAME	Louis Caron
STREET ADDRESS	7440 Greenway Drive
CITY-ST-ZIP	Jacksonville FL 32244

TITLE	S/T Secretary/Treasurer <input type="checkbox"/> Delete
NAME	Janet Reuger
STREET ADDRESS	1030 Alhambra Drive SW
CITY-ST-ZIP	Jacksonville FL 32207

TITLE	O/A Officer/Administrator <input type="checkbox"/> Delete
NAME	Susan E Goodman
STREET ADDRESS	2139 Minerva Ave
CITY-ST-ZIP	Jacksonville FL 32207

TITLE	D Ed Shell <input type="checkbox"/> Delete
NAME	4443 Oak Bay Drive W.
STREET ADDRESS	Jacksonville FL 32277

TITLE	D Mike Bapala <input type="checkbox"/> Delete
NAME	3624 Kapalua Ct
STREET ADDRESS	Green Cove Springs FL 32043

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Mark B. Goodman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/2001 904-233-7404
Date Daytime Phone #

CR2E037 (10/00)