

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006049

FILED
Apr 28, 2005
Secretary of State

Entity Name: OASIS OUTREACH, INC.

Current Principal Place of Business:

3264 TOWNSEND BLVD
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

PO BOX 5335
JACKSONVILLE, FL 322475335

New Mailing Address:

PO BOX 2013
SEFFNER, FL 335832013

FEI Number: 59-3668874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, MARK B
3264 TOWNSEND BLVD
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOODMAN, MARK B
Address: 409 SABLE POINTE AVE
City-St-Zip: SEFFNER, FL 33584

Title: OAD () Delete
Name: VON STADEN, DION REV.
Address: 3264 TOWNSEND BLVD
City-St-Zip: JACKSONVILLE, FL 32277

Title: VPD () Delete
Name: REAGOR, JANET
Address: 1030 ALHAMBRA DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: OAD (X) Delete
Name: GOODMAN, SUSAN E
Address: 409 SABLE POINTE AVE
City-St-Zip: SEFFNER, FL 33584

Title: D (X) Delete
Name: SHIELL, ED REV.
Address: 4443 OAK BAY DRIVE W
City-St-Zip: JACKSONVILLE, FL 32277

Title: STD (X) Delete
Name: BROWN, NORA MRS
Address: 1815 LIVE OAK DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OAD (X) Change () Addition
Name: GOODMAN, IAN P
Address: 1177 THOMASVILLE CIRCLE
City-St-Zip: LAKELAND, FL 33811

Title: OAD (X) Change () Addition
Name: GOODMAN, SUSAN E
Address: 409 SABLE POINTE AVE
City-St-Zip: SEFFNER, FL 33584

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN E GOODMAN

OAD

04/28/2005

Electronic Signature of Signing Officer or Director

Date