

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006049

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: OASIS OUTREACH, INC.

## Current Principal Place of Business:

3264 TOWNSEND BLVD  
JACKSONVILLE, FL 32277

## New Principal Place of Business:

731W BRANDON BLVD  
BRANDON, FL 33511

## Current Mailing Address:

PO BOX 2013  
SEFFNER, FL 335832013

## New Mailing Address:

FEI Number: 59-3668874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GOODMAN, MARK B  
731W BRANDON BLVD  
BRANDON, FL 33511 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:

04/24/2006

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: GOODMAN, IAN P  
Address: 1177 THOMASVILLE CIRCLE  
City-St-Zip: LAKELAND, FL 33811

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: OAD (X) Change ( ) Addition  
Name: GOODMAN, IAN P  
Address: PO BOX 6572  
City-St-Zip: LAKELAND, FL 33807

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 Chapter 119, 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: MARK B GOODMAN

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date