

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006049

FILED
Apr 30, 2008
Secretary of State

Entity Name: OASIS OUTREACH, INC.

Current Principal Place of Business:

409 SABLE POINTE AVE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

PO BOX 2013
SEFFNER, FL 335832013

New Mailing Address:

PO BOX 2013
SEFFNER, FL 33583

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
409 SABLE POINTE AVE
SEFFNER, FL 33584 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: PO BOX 2013
City-St-Zip: SEFFNER, FL 33583

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

Title: OAD () Delete
Name: GOODMAN, SUSAN E
Address: PO BOX 2013
City-St-Zip: SEFFNER, FL 33583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SUSAN E. GOODMAN

OAD

04/30/2008

Electronic Signature of Signing Officer or Director

Date