

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90368 022 ****61.25

DOCUMENT # N00000006049

1. Entity Name

OASIS OUTREACH, INC.



Principal Place of Business

8049 ARLINGTON EXPRESSWAY
SUITE 3
JACKSONVILLE FL 32211

Mailing Address

PO BOX 5335
JACKSONVILLE FL 32247-5335

2. Principal Place of Business

3264 Townsend Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32277

Country

USA

Country

4. FEI Number 59-3668874

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GOODMAN, MARK B

8057 ARLINGTON EXPRESSWAY, STE. 13
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3264 Townsend Blvd

City

Jacksonville

FL

Zip Code

32277

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

Mark B Goodman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOODMAN, MARK B
STREET ADDRESS 2139 MINERVA AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE VPD
NAME CARAN, LOUIS
STREET ADDRESS 7440 GREENWAY DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

TITLE STD
NAME REAGER, JARRET Janet
STREET ADDRESS 1030 ALHAMBRA DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE OAD
NAME GOODMAN, SUSAN E
STREET ADDRESS 2139 MINERVA AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE D
NAME SHELL, ED
STREET ADDRESS 4443 OAK BAY DRIVE W
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE D
NAME BAJALIA, MIKE
STREET ADDRESS 3624 KAPALUA COURT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Goodman, Mark B.
STREET ADDRESS 409 Sable Pointe Ave
CITY-ST-ZIP Seffner FL 33584

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition
NAME Reager Janet
STREET ADDRESS (same)
CITY-ST-ZIP

TITLE OAD ☒ Change ☐ Addition
NAME Goodman, Susan E
STREET ADDRESS 409 Sable Pointe Ave
CITY-ST-ZIP Seffner FL 33584

TITLE D ☐ Change ☒ Addition
NAME Wallace, Tammi
STREET ADDRESS 11827 Lynne Tree Lane (9)
CITY-ST-ZIP Jacksonville FL 32258

TITLE ☐ Change ☐ 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

04/26/03

Date

Daytime Phone #

CR2E037 (10/02)