


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007448</b> 1. Entity Name OASIS CHRISTIAN ACADEMY, INC.	
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07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3709801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

5. Name and Address of Current Registered Agent  CAVENDER, TRACEY W 10715 SADDLEBRED DR JACKSONVILLE, FL 32257
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

100000165133  
07/09/04 00010 012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVENDER, ROBERT D 10715 SADDLEBRED DR JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVENDER, SHAUN R 10715 SADDLEBRED DR JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVENDER, TRACEY W 10715 SADDLEBRED DR JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVENDER, CASEY W 10715 SADDLEBRED DR JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:** Tracey W. Cavender 7/6/04 904/262-7227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #