2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006
Secretary of State

DOCUMENT# N00000007448

Entity Name: OASIS CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

10715 SADDLEBRED DR
JACKSONVILLE, FL 32257

New Principal Place of Business:

15705 BUTCH BAINE DR
JACKSONVILLE, FL 32218

Current Mailing Address:

10715 SADDLEBRED DR
JACKSONVILLE, FL 32257

New Mailing Address:

15705 BUTCH BAINE DR
JACKSONVILLE, FL 32218

FEI Number: 59-3709801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAVENDER, TRACEY W
10715 SADDLEBRED DR
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

CAVENDER, TRACEY W
15705 BUTCH BAINE DR
JACKSONVILLE, FL 32218 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: TRACEY CAVENDER 07/07/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CAVENDER, ROBERT D
Address: 10715 SADDLEBRED DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: CAVENDER, SHAUN R
Address: 10715 SADDLEBRED DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: CAVENDER, TRACEY W
Address: 10715 SADDLEBRED DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: CAVENDER, CASEY W
Address: 10715 SADDLEBRED DR
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CAVENDER, ROBERT D
Address: 15705 BUTCH BAINE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change ( ) Addition
Name: CAVENDER, SHAUN R
Address: 15705 BUTCH BAINE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change ( ) Addition
Name: CAVENDER, TRACEY W
Address: 15705 BUTCH BAINE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change ( ) Addition
Name: CAVENDER, CASEY W
Address: 15705 BUTCH BAINE DR
City-St-Zip: JACKSONVILLE, FL 32218

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: TRACEY CAVENDER D 07/07/2006
Electronic Signature of Signing Officer or Director Date