

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003608

FILED  
Feb 06, 2006  
Secretary of State

Entity Name: THE OASIS ENRICHMENT ACADEMY, INC.

**Current Principal Place of Business:**

908 S E WILLISTON ROAD  
GAINESVILLE, FL 32641

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 602  
GAINESVILLE, FL 32602

**New Mailing Address:**

FEI Number: 59-3727110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WEST, PATRICIA  
5217 S W 79TH TERRACE  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

MATREX CORPORATION  
1431 NW 13TH ST  
SUITE 212  
GAINESVILLE, FL 32609 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: OLIVIA L CRAWFORD

02/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WEST, PATRICIA R  
Address: 5217 S W 79TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: MINGO, GWENUEL W  
Address: P.O. BOX 13119 UNIVERSITY STATION  
City-St-Zip: GAINESVILLE, FL 32604

Title: D ( ) Delete  
Name: CRAWFORD, OLIVIA L  
Address: 1810 NW 6TH ST STE C  
City-St-Zip: GAINESVILLE, FL 32609

Title: VC ( ) Delete  
Name: JAH, NKWAN DA  
Address: 321 10TH STREET  
City-St-Zip: GAINESVILLE, FL 32602

Title: D ( ) Delete  
Name: TUCKER, CAROLYN M  
Address: 5516 N W 33RD PLACE  
City-St-Zip: GAINESVILLE, FL 32601

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVC (X) Change ( ) Addition  
Name: HEAD-JONES, SHARLA  
Address: 3631 NE 156TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32609 US

Title: D (X) Change ( ) Addition  
Name: MINGO, GWENUEL W  
Address: P.O. BOX 13119 UNIVERSITY STATION  
City-St-Zip: GAINESVILLE, FL 32604 US

Title: DC (X) Change ( ) Addition  
Name: CRAWFORD, OLIVIA L  
Address: P.O. BOX 1174  
City-St-Zip: GAINESVILLE, FL 32602 US

Title: DT (X) Change ( ) Addition  
Name: BUTLER, ALVIN  
Address: 225 SW 7TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: DS (X) Change ( ) Addition  
Name: HARMON, CYNTHIA  
Address: 11623 SW 8TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D ( ) Change (X) Addition  
Name: TUCKER, CAROLYN M  
Address: 5516 NW 33RD PLACE  
City-St-Zip: GAINESVILLE, FL 32601

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: OLIVIA L CRAWFORD

DC

02/06/2006

Electronic Signature of Signing Officer or Director

Date