## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004868

FONTANELLA, ANGELYN

ST PETERSBURG, FL 33709

5831 42ND AVE

Name: Address:

City-St-Zip:

FILED Jul 06, 2004 Secretary of State

Entity Name: FAMILY OASIS CENTER INC. **Current Principal Place of Business: New Principal Place of Business:** 5831 42ND AVE ST PETERSBURG, FL 33709 **Current Mailing Address: New Mailing Address:** 5831 42ND AVE ST PETERSBURG, FL 33709 FEI Number: 59-3648644 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARZANO, JORDANA 5831 42ND AVE ST PETERSBURG, FL 33709 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition MARZANO, MICHAEL PASTOR Name: Name: Address: 5831 42ND AVE Address: City-St-Zip: ST PETERSBURG, FL 33709 City-St-Zip: Title: VD Title: ( ) Delete () Change () Addition Name: MARZANO, JORDANA Name: Address: 5831 42ND AVE Address: City-St-Zip: ST PETERSBURG, FL 33709 City-St-Zip: Title: STD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JORDANA MARZANO VP 07/06/2004