

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000006423	
1. Entity Name THE OASIS CERTIFICATE AND COMPETENCY BOARD, INC.	
Principal Place of Business 223 E MAIN STREET NEW IBERIA, LA 70560	Mailing Address 223 E MAIN STREET NEW IBERIA, LA 70560



04222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2445391	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**TISCHER, GENE
4208 CHARING CROSS ROAD
SARASOTA, FL 34241-6119**

**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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEBERT, WARREN
STREET ADDRESS	233-A E MAIN STREET
CITY-ST-ZIP	NEW IBERIA, LA 70562
TITLE	D
NAME	KRULISH, LINDA
STREET ADDRESS	PO BOX 2768
CITY-ST-ZIP	REDMOND, WA 98073
TITLE	D
NAME	TISCHER, GENE
STREET ADDRESS	4208 CHARING CROSS ROAD
CITY-ST-ZIP	SARASOTA, FL 34241-6119
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #