

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006423

FILED
Jan 27, 2009
Secretary of State

Entity Name: THE OASIS CERTIFICATE AND COMPETENCY BOARD, INC.

Current Principal Place of Business:

223 E MAIN STREET
NEW IBERIA, LA 70560

New Principal Place of Business:

850 KALISTE SALOOM ROAD, SUITE 123
LAFAYETTE, LA 70508

Current Mailing Address:

223 E MAIN STREET
NEW IBERIA, LA 70560

New Mailing Address:

850 KALISTE SALOOM ROAD, SUITE 123
LAFAYETTE, LA 70508

FEI Number: 52-2445391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TISCHER, GENE
4208 CHARING CROSS ROAD
SARASOTA, FL 342416119 US

Name and Address of New Registered Agent:

LOLLEY, BOBBY
1331 E. LAFAYETTE STREET, SUITE C
TALAHASSEE, FL 32301 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: BOBBY LOLLEY

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEBERT, WARREN
Address: 233-A E MAIN STREET
City-St-Zip: NEW IBERIA, LA 70562

Title: D () Delete
Name: KRULISH, LINDA
Address: PO BOX 2768
City-St-Zip: REDMOND, WA 98073

Title: D () Delete
Name: TISCHER, GENE
Address: 4208 CHARING CROSS ROAD
City-St-Zip: SARASOTA, FL 342416119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOLLEY, BOBBY
Address: 1331 E. LAFAYETTE STREET, SUITE C
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify 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: BOBBY LOLLEY

D

01/27/2009

Electronic Signature of Signing Officer or Director

Date