2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# N05000010168

Entity Name: THE OASIS COMMUNITY DEVELOPMENT PROGRAM, INC.

Current Principal Place of Business:

920 SE WILLISTON ROAD
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

920 SE WILLISTON ROAD
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEAD-JONES, SHARLA
920 SE WILLISTON ROAD
GAINESVILLE, FL 32641 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: WEST, PATRICIA R
Address: PO BOX 6843
City-St-Zip: TALLAHASSEEE, FL 32314

Title: D ( ) Delete
Name: HEAD-JONES, SHARLA
Address: 3631 NE 156TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete
Name: CRAWFORD, OLIVIA
Address: PO BOX 1174
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: SIMMONS, GERALD A
Address: 920 S.E. WILLISTON ROAD
City-St-Zip: GAINESVILLE, FL 32641

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

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: SHARLA HEAD-JONES MS. 02/07/2006

Electronic Signature of Signing Officer or Director — Date