2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# N06000008362

Entity Name: OASIS FAMILY CRISIS CENTRE, INC.

Current Principal Place of Business:

1650 A1A SOUTH
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1650 A1A SOUTH
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-5385720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLEOD, ROBERT L II
1200 PLANTATION ISLAND DRIVE SOUTH
SUITE 140
ST. AUGUSTINE, FL 32080 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: COOPER, ARTHUR M
Address: 16 BROCKTON LANE
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Delete
Name: KOEBRICK, JEFF
Address: 248 SOUTH M ATANZAS
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: SEWELL, PEGGY
Address: 1000 WHISPERING CIRCLE, APT. 3
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: WRIGHT, CHUCK
Address: P.O. BOX 353099
City-St-Zip: PALM COAST, FL 32135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ARTHUR M. COOPER PRES 07/03/2007

Electronic Signature of Signing Officer or Director — Date