2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007078

Entity Name: THE OASIS FOUNDATION, INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
44 N. COBI ORLANDO	URN AVENUI , FL 32805	Ξ					
Current Mailing Address:				New Mailing Address:			
44 N. COBI ORLANDO	URN AVENUI , FL 32805	≣					
FEI Number:	33-1177280	FEI Number Applied For()	FEI Nur	nber Not Appli	icable ()	Certificate of Stat	us Desired ()
Name and	Address of (Current Registered Agent:		Name and	Address of N	New Registered	Agent:
ARUGU, ODIATOR 1990 W. FAIRBANKS AVENUE WINTER PARK, FL 32789 US				ARUGU, ODIATOR 1510 E COLONIAL DRIVE STE 303 ORLANDO, FL 32803 US			
The above in the State		submits this statement for the	purpose o	f changing it	ts registered o	office or registere	d agent, or both,
SIGNATURE:				02/05/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS	AND DIRECTORS
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	() Change ()Additio	n
Title: Name: Address: City-St-Zip:	*			Title: Name: Address: City-St-Zip:	() Change ()Additio	n
Title: Name: Address: City-St-Zip:	CALLINS, TAR	MARY BLVD., SUITE 304		Title: Name: Address: City-St-Zip:	() Change()Additio	n
Title: Name: Address: City-St-Zip:	D (ARUGU, ODIAT 1990 W. FAIRI WINTER PARK	BANKS AVE.		Title: Name: Address: City-St-Zip:	ARUGU, ODIAT	VIAL DRIVE, STE 30	
Title: Name: Address: City-St-Zip:	*			Title: Name: Address: City-St-Zip:	() Change ()Additio	n
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	() Change ()Additio	n

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: MARVIN A JACKSON O 02/05/2009