

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008699

FILED
May 01, 2010
Secretary of State

Entity Name: OASIS, THE GLBT CENTER OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1610 N. MAIN ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

204 CROSSROAD LAKES DRIVE
PONTE VEDRA BEACH
JACKSONVILLE, FL 32082

Current Mailing Address:

5509 SHAD RD., STE B
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 27-0977077 **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:

JONES, SELECIA E
1225 IONIA STREET
JACKSONVILLE, FL 32206 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
Name: FAZZINI, BROCK E
Address: 204 CROSSROAD LAKES DR
City-St-Zip: PONTE VEDRA BEACH, FL 32802

Title: D
Name: SELICIA, JONES E
Address: 1225 IONIA STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D
Name: KENDALL, MICHAEL D
Address: 2103 SOFTWIND COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: FORD, CHRISTOPHER S
Address: 7730 PLANTATION BAY DRIVE, UNIT 510
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: SAMS, HEATHER A
Address: 11636 CHARIOT LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: D
Name: RENEHAN, SUZANNE
Address: 12567 DUNRAVEN TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

I hereby 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 all other like empowered.

SIGNATURE: BROCK E. FAZZINI

D

05/01/2010

Electronic Signature of Signing Officer or Director

_____ Date