

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008699

FILED
Jan 24, 2012
Secretary of State

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

Current Principal Place of Business:

323 E. UNION STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

323 E. UNION STREET
JACKSONVILLE, FL 32202

New Mailing Address:

1225 IONIA STREET
JACKSONVILLE, FL 32206

FEI Number: 27-0977077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: DC
Name: JONES, SELECIA E
Address: 1225 IONIA STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: DS
Name: EVERLY, LIS'E E
Address: 2358 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: DT
Name: FARQUHAR, TROY M
Address: 2024 GILMORE STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: AMES, JASON ADDISON
Address: 10075 GATE PKWY N #3004
City-St-Zip: JACKSONVILLE, FL 32246

Title: D
Name: KELLAM, ALVIS
Address: 1148 WILLOW BRANCH AVENUE
City-St-Zip: JACKSONVILLE, FL 32206

Title: D
Name: FLOOD, DANIEL W
Address: 6911 DEAUVILLE ROAD
City-St-Zip: JACKSONVILLE, FL 32205

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: RUSS MARTIN

ED

01/24/2012

Electronic Signature of Signing Officer or Director

_____ Date