

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46333

(3)

1. Corporation Name

THE OASIS CENTER, INC.

Principal Place of Business

**4810 SHADY GLEN
LAKELAND FL 33809
US**

Mailing Address

**P O BOX 252
KATHLEEN FL 33849
US**



3. Date Incorporated or Qualified
12/05/1991

3a. Date of Last Report
08/18/1995

4. FEI Number

59-3098174

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPENCER, TIM
424 H BANANA CAY
SOUTH DAYTONA FL 32119**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and this if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MACFAWN, GLORIA**
STREET ADDRESS **4810 SHADY GLEN DR**
CITY-ST-ZIP **LAKELAND FL**

11 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **MACFAWN, MARK**
STREET ADDRESS **4810 SHADY GLEN DR**
CITY-ST-ZIP **LAKELAND FL**

12 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **ROBINSON, ESSINA**
STREET ADDRESS **1233 CADILLAC DR**
CITY-ST-ZIP **DAYTONA BCH. FL**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

16 CITY-ST-ZIP ☐ Change ☐ Addition

17 CITY-ST-ZIP ☐ Change ☐ Addition

18 CITY-ST-ZIP ☐ Change ☐ Addition

19 CITY-ST-ZIP ☐ Change ☐ Addition

20 CITY-ST-ZIP ☐ Change ☐ Addition

21 CITY-ST-ZIP ☐ Change ☐ Addition

22 CITY-ST-ZIP ☐ Change ☐ Addition

23 CITY-ST-ZIP ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

25 CITY-ST-ZIP ☐ Change ☐ Addition

26 CITY-ST-ZIP ☐ Change ☐ Addition

27 CITY-ST-ZIP ☐ Change ☐ Addition

28 CITY-ST-ZIP ☐ Change ☐ Addition

29 CITY-ST-ZIP ☐ Change ☐ Addition

30 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gloria Macfawn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 941-853
Date Daytime Phone #

CR2E037 (12/95)