

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46333

Entity Name: THE OASIS CENTER, INC.

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

1305 RAIN TREE BEND
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 252
KATHLEEN, FL 33849 US

New Mailing Address:

FEI Number: 59-3098174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, ELIZABETH
1300 RAIN TREE BEND
107
CLERMONT, FL 34711 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: MACFAWN, GLORIA,
Address: 1305 RAIN TREE BEND
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: MACFAWN JR., MARK,
Address: 1305 RAIN TREE BEND
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: ROBINSON, ESSINA,
Address: 1233 CADILLAC DR
City-St-Zip: DAYTONA BCH., FL

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GLORIA MACFAWN

D

04/26/2004

Electronic Signature of Signing Officer or Director

Date