2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46333

FILED Apr 14, 2009 Secretary of State

Entity Na			_	
	ame: THE OASIS CENTER, INC.			
Current Principal Place of Business:		New Principal Place	of Business:	
APT. #10	NMARCO DRIVE 08 DBEACH, FL 32174 US			
	Mailing Address:	New Mailing Address	s:	
APT. #10	N MARCO DRIVE 08 D BEACH, FL 32174 US			
FEI Numbe	r: 59-3098174 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		t: Name and Address o	Name and Address of New Registered Agent:	
153 1ST A LAKE WA The above	ALES, FL 33859 US			
in the Stai	e named entity submits this statement for te of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
in the Stai SIGNATU	te of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
	te of Florida.		d office or registered agent, or both, Date	
SIGNATU	te of Florida. * IRE:	d Agent		
SIGNATU	te of Florida. JRE: Electronic Signature of Registered	d Agent	Date	
SIGNATU OFFICER Title: Name: Address:	te of Florida. JRE: Electronic Signature of Registered RS AND DIRECTORS: D () Delete MACFAWN, GLORIA 1511 SAN MARCO DRIVE # 108	ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	te of Florida. JRE: Electronic Signature of Registered RS AND DIRECTORS: D () Delete MACFAWN, GLORIA 1511 SAN MARCO DRIVE # 108 ORMOND BEACH, FL 32174 D () Delete MACFAWN JR., MARK 1511 SAN MARCO DRIVE # 108	ADDITIONS/CHANGI Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRE () Change () Addition	

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: GLORIA MACFAWN D 04/14/2009