

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000450

FILED
Apr 17, 2006
Secretary of State

Entity Name: OASIS YOUTH RANCH, INC.

Current Principal Place of Business:

601 SE 49TH AVE.
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

601 SE 49TH AVE.
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 65-0372018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, RANDY
601 SE 49TH AVE.
OCALA, FL 34471 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: PD () Delete
Name: NELSON, RANDY
Address: 601 SE 49TH AVE.
City-St-Zip: OCALA, FL 34471

Title: VD () Delete
Name: NELSON, DONNA
Address: 601 SE 49TH AVE.
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: SCHNEIDER, FRED
Address: 3708 RIVIERA DR.
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: LADD, JON
Address: 2920 WOODPINE CT.
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: LADD, ROSE MARY
Address: 2920 WOODPINE CT.
City-St-Zip: SARASOTA, FL 34231

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:

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 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: RANDY NELSON

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date