## 3-22.98 B7818 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # N97000004404 (6)

OASIS HOUSE, INC.

**FILED** May 22 1998 8:00am Secretary of State

	•							
Principal Place of Business Mailing Address								T FOOTERON DID LOUIS HOUSE ODEN DENN BENN BONN BENN DENN DENN DENN DERN DERN BENN DE NA HOUE
FROD DIGGAVAE			***	N DIGGAVAIC BOILE				
\$690 BISCAYNE DRIVE   Greenacres FL 33463				5690 BISCAYNE DRIVE GREENACRES FL 33463				3. Date Incorporated or Qualified
SUBSTRICTION OF STATE								08/04/1997
								4. FEI Number Applied For Not Applicable
2. Principal Place of Business 2e. Mailing Address								60 TE
21				26				5. Certificate of Status Desired
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22				27				Trust Fund Contribution Added to Fees
City & State				City & State				7. Is this nonprofit corporation a homeowners association?
23			28	28				☐ Yes 💆 No
Zip	Country			Z <sub>I</sub> p Country			•	8. This corporation owes or has paid the current year Intangible
24	25				30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Registered Agent
YOUNG, JESSE A 5890 BISCAYNE DRIVE						81	Name	в
						82	Street /	et Address (P.O. Box Number is Not Acceptable)
						83		
GREENACRES FL 33463								
						84	City	5 Zip Code
11. Pursuant	to the provision	ons of Sections 617.0	502 and 6	17.1508 Florida Statu	ites, the	abovi	a-named	• • • • • • • • • • • • • • • • • • •
office or r	egistered age	ent, or both, in the Sta	te of Florid	a. Such change was	authoriz	ed by	the corp	ed corporation submits this statement for the purpose of changing its registered orporation'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 title if applicable (NOTE: Re						red Age	eni signature	ure required when reinstaling) DATE
12.		OFFICERS A	ND DIREC		13	١.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELETE	1.1	THTLE		Change
NAME	STEGALL, MICHAEL L			1.21		NAME		
STREET ADDRESS	1						ADDRES\$	s
CITY-ST-ZIP		PRINGS FL 33461		- OCIETT		CITY-S	T-ZIP	Change Addition
TITLE	D	-000 00D-DT		C DELETE		TITLE		Change Addition
NAME	BERARDESCO, ROBERT					2.2 NAME		
STREET ADDRESS				<b>■</b> *		2.3 STREET ADDRESS 2. 4 City-St-Zip		5
CITY-ST-ZIP YITLE	BOYNTON BEACH FL 33435			DELETE 31			SI-ZIP	Change Addition
NAME	VORY, J	EFFREY		<b></b>	- 1	NAME		
STREET ADORESS							ADDRESS	s
CITY-ST-ZIP	I ANTANA PI AAAAA						ST-ZIP	
TITLE	P			☐ DELETE		TITLE		Change Addition
NAME	YOUNG,	JESSE A			4.	2 NAME		
STREET ADDRESS	ET ADDRESS   6690 BISCAYNE DRIVE			4.3		4.3 STREET ADDRESS		s
CITY-ST-ZIP	GREENACRES FL 33463				4.4 CITY-ST-ZIP			
TITLE	\$T			DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME YOUNG, SHERYL S					5.2 NAME			
STREET ADDRESS 5690 BISCAYNE DRIVE						3 STREET ADDRESS		s
CITY-ST-ZIP	GREENA	CRES FL 33463			_	CITY-5	T-ZIP	
TITLE				DELETE		TITLE		☐ Change ☐ Addition
NAME						NAME		
STREET ADDRESS							ADDRESS	\$
CITY-ST-ZIP	<u> </u>				6.4	CITY-5	T-ZIP	

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

5/11/97