

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90362 044 ****70.00

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # N99000004091 1. Entity Name OASIS COMPASSION AGENCY, INC. | | | | | |
| Principal Place of Business 4888 10TH AVE NORTH GREENACRES, FL 33463 | | | Mailing Address 4888 10TH AVE NORTH GREENACRES, FL 33463 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0946248 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent ARLEN, ROBERT M 110 E ATLANTIC AVE, SUITE 330 DELRAY BEACH, FL 33444 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | DATE _____ | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | <input checked="" type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | HAWKINS, JOHN D SR | | STREET ADDRESS | Allen, Linda | |
| CITY-ST-ZIP | 5320 INDIANWOOD VILLAGE LANE LAKE WORTH, FL 33463 | | CITY-ST-ZIP | 8175 Ambach Way Hypoluxo, FL 33462 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DIBBLE, SHERMAN | | NAME | Sneed, Yolanda | |
| STREET ADDRESS | 333 CAVALIER RD. | | STREET ADDRESS | 7787 Ridgewood Drive | |
| CITY-ST-ZIP | PALM SPRINGS, FL 33461 | | CITY-ST-ZIP | Lake Worth, FL 33467 | |
| TITLE | P, T | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILL, SHARON | | NAME | Owen, Lee | |
| STREET ADDRESS | 6701 FINAMORE CIR. | | STREET ADDRESS | 7703 Forestay Drive | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | | CITY-ST-ZIP | Lake Worth, FL 33467 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | S, D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEE, JEFF SR | | NAME | Lee, Jeff, Sr. | |
| STREET ADDRESS | 10121 CALUMET LANE | | STREET ADDRESS | 18978 Pointe Drive | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | | CITY-ST-ZIP | Jupiter, FL 33469 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Lee, Sylvia | |
| STREET ADDRESS | | | STREET ADDRESS | 18978 Pointe Drive | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Jupiter, FL 33469 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Levine, Jack | |
| STREET ADDRESS | | | STREET ADDRESS | 7600 W. Cypress Head Drive | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Parkland, FL 33067 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4/19/06 (561) 967-4066 <small>Daytime Phone</small> | | |



ATTACHMENT

#N9900004091



Chief Executive Officer
Sharon Gill

Chairman of the Board
Jeff Lee, Sr.

Board of Directors
Linda Allen
Sylvia Lee
Jack Levine
Lee Owen
Yolanda Sneed

Legal Counsel
A. Wayne Gill, Esq.

Advisory Board
Mayor Sam Ferreri
City of Greenacres

April 19, 2006


Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: OASIS COMPASSION AGENCY

To Whom It May Concern:

Please be advised that we have attached a resolution of our board of directors to amend Article VIII of our Articles of Incorporation. Please update your records accordingly.

Sincerely,



Sharon Gill
CEO

**Showing
God's Love
Through**

- Food
- Clothing
- Biblical counseling
- Life skills training

ATTACHMENT
#1099000004091

**RESOLUTION OF THE BOARD OF DIRECTORS OF OASIS
COMPASSION AGENCY, INC. - A FLORIDA NON-PROFIT
CORPORATION**

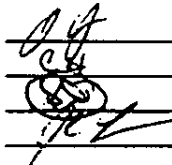
DATE: February 20, 2006

TIME: 9:00 am

PLACE: Palm Beach Baptist Church: 6201 Military Trail, Lake
Worth, Fl 33463

There was present at the meeting the following individuals constituting
a quorum of the full board:

Rev. John Hawkins, Sr.
Mrs. Charlotte Hawkins
Rev. Sherman Dibble
Mr. Jeff Lee, Sr.



WHEREAS the Board of Directors has determined that it is
necessary for the proper conducting of the Corporation's affairs that
the Bylaws and Articles of Incorporation of the Corporation be
amended,

IT IS HEREBY RESOLVED that the following articles of the
Bylaws shall be amended as follows:

**ARTICLE III
BOARD OF DIRECTOR**

3. (a) Any member of the Board of Directors may be removed by a
majority vote of the Board of Directors, upon written notice of intent to
remove the Director, and an opportunity for that Director to be heard
before the full Board prior to a final vote.

7. The Chairman shall preside at all meetings of the Board of
Directors. If there be no Chairman or in his absence, any other
Director chosen by the Chairman shall preside.

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IT IS HEREBY FURTHER RESOLVED that the following articles of the Articles of Incorporation shall be amended as follows:

**ARTICLE VIII
BOARD OF DIRECTORS
AND OFFICERS**

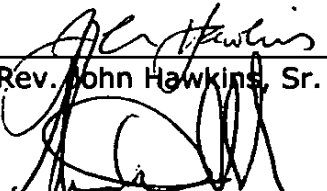
Term of Directors


A Director shall serve a term of two years or until resignation, inability to serve, removal or re-election. A Board member may serve multiple terms and shall be elected for each term in accordance with the procedures and guidelines set forth in these Articles of Incorporation and the Corporation's Bylaws.

Removal

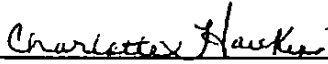
Any member of the Board of Directors may be removed by a majority vote of the Board of Directors, upon written notice of intent to remove the Director, and an opportunity for that Director to be heard before the full Board prior to a final vote.

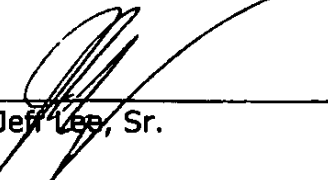
THIS RESOLUTION shall be effective **January 1, 2006**.



Rev. John Hawkins, Sr.


Rev. Sherman Dibble



Charlotte Hawkins


Jeff Lee, Sr.