

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004091

FILED
Mar 31, 2009
Secretary of State

Entity Name: OASIS COMPASSION AGENCY, INC.

Current Principal Place of Business:

4888 10TH AVE NORTH
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

4888 10TH AVE NORTH
GREENACRES, FL 33463

New Mailing Address:

FEI Number: 65-0946248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARLEN, ROBERT M
110 E ATLANTIC AVE, SUITE 330
DELRAY BEACH, FL 33444 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: ALLEN, LINDA
Address: 8175 AMBACH WAY
City-St-Zip: HYPOLUXO, FL 33462

Title: D () Delete
Name: RODRIGUEZ, TERESA
Address: 10121 CALUMET LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: PT () Delete
Name: GILL, SHARON
Address: 6701 FINAMORE CIR.
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: LEVINE, JACK
Address: 7601 WEST CYPRESS HEAD DRIVE
City-St-Zip: PARKLAND, FL 33067

Title: SD () Delete
Name: LEE, SYLVIA
Address: 18978 POINTE DRIVE
City-St-Zip: JUPITER, FL 33469

Title: () Delete
Name:
Address:
City-St-Zip:

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: SD (X) Change () Addition
Name: LEE, SYLVIA
Address: 1175 SLEEPING CHILD ROAD
City-St-Zip: HAMILTON, MT 59840

Title: D () Change (X) Addition
Name: TURK, PAUL
Address: 1922 GRANTHAM CT.
City-St-Zip: WELLINGTON, FL 33414

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: SHARON GILL

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date