

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004091

FILED
Feb 18, 2010
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
Name: ALLEN, LINDA
Address: 8175 AMBACH WAY
City-St-Zip: HYPOLUXO, FL 33462

Title: D
Name: MORGAN, GEORGIENE
Address: 1755 LINTON LAKE DRIVE, APT. A
City-St-Zip: DELRAY BEACH, FL 33445

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

Title: D
Name: CCOKE, PETER
Address: 620 CYPRESS CROSSING
City-St-Zip: WELLINGTON, FL 33414

Title: SD
Name: LEE, SYLVIA
Address: 4451 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: TURK, PAUL
Address: 1922 GRANTHAM CT.
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: SHARON GILL

P

02/18/2010

Electronic Signature of Signing Officer or Director

Date