

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004091

FILED  
Mar 30, 2011  
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 (X)**

**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: IMEL, DONALD  
Address: 242 MONTEREY WAY  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

Title: D  
Name: STOBBS, DONNA  
Address: 9890 N. MILITARY TRAIL  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

Title: D  
Name: KALINA, ANDREA  
Address: 3184 VERDMONT LANE  
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

CEO

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date