

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004091

FILED  
Mar 26, 2012  
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:**

GILL, A G  
1625 SOUTH CONGRESS AVE.  
DELRAY BEACH, FL 33445 US

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: SHARON GILL

03/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: BENJAMIN, AYESHA  
Address: 7235 BRIELLA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

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

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

Title: T  
Name: SPILLANE, JOHN P  
Address: 10401 OAK MEADOW LANE  
City-St-Zip: LAKE WORTH, FL 33449

Title: D  
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

PRES

03/26/2012

Electronic Signature of Signing Officer or Director

Date

N99000004091  
3-26-12

**F A X**

**OASIS COMPSSIO AGENCY**

4888 10<sup>TH</sup> AVE. NORTH  
GREENACRES, FL 33463  
561-967-4066

[WWW.OASISCOMPASSION.ORG](http://WWW.OASISCOMPASSION.ORG)

FOLLOW UP PHONE NUMBER:  
**561-843-0834**

To: SEAN TONER  
Fax number: 850-245-6017

From: SHARON GILL  
Fax number: 561-967-0447

Date: 3/26/2012

Regarding: DOCUMENT NUMBER  
N99000004091

RECEIPT: 3563256262

**Comments:**

Dear Sean,

I recently filed and paid online for my non-profit, Oasis Compassion Agency, but needed to add the names and addresses of 3 additional board members. They are as follows:

Albert GW Gill: 6701 Finamore Circle, Lake Worth, FL 33467.

Susan D Gallagher: 101 Forester Court, Wellington, FL 33414

Shiro Horshington: 4250 Wellington Shores Dr. Wellington, FL 33449

*Thank you!  
Sharon Gill*