


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90284 035 ****70.00

DOCUMENT # N01000003608
1. Entity Name
THE OASIS ENRICHMENT ACADEMY, INC.



Principal Place of Business: **908 S E WILLISTON ROAD GAINESVILLE FL 32641**
Mailing Address: **POST OFFICE BOX 602 GAINESVILLE FL 32602**

94077216



MOORE CR2E037 (11/03)

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3727110**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEST, PATRICIA
5217 S W 79TH TERRACE
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **WEST, PATRICIA R**
STREET ADDRESS **5217 S W 79TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MINGO, GWENUEL W**
STREET ADDRESS **P.O. BOX 13119 UNIVERSITY STATION**
CITY-ST-ZIP **GAINESVILLE FL 32604**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CRAWFORD, OLIVIA**
STREET ADDRESS **413 SW 4TH AVE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CRAWFORD, OLIVIA L**
STREET ADDRESS **901 NW 8TH AVE STE D -1**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
NAME **CRAWFORD, OLIVIA L.**
STREET ADDRESS **901 NW 8TH AVE, STE A5**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE Delete
NAME **JAH, NKWAN DA**
STREET ADDRESS **321 10TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32602**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TUCKER, CAROLYN M**
STREET ADDRESS **5516 N W 33RD PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Olivia L Crawford / **OLIVIA L. CRAWFORD** **4/15/04** **352-378-6568**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #