

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90157 004 ****70.00

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

**WEST, PATRICIA
5217 S W 79TH TERRACE
GAINESVILLE FL 32608**

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

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	D	<input type="checkbox"/> Delete
NAME	WEST, PATRICIA R	
STREET ADDRESS	5217 S W 79TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINGO, GWENUEL W	
STREET ADDRESS	P.O. BOX 13119 UNIVERSITY STATION	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRAWFORD, OLIVIA	
STREET ADDRESS	413 SW 4TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORDON, VANESSA I	
STREET ADDRESS	6215 S W 81ST STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VC	<input type="checkbox"/> Delete
NAME	JAH, NKWAN DA	
STREET ADDRESS	321 10TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, CAROLYN M	
STREET ADDRESS	5516 N W 33RD PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVIA L. CRAWFORD	
STREET ADDRESS	901 NW 8th AVE, Suite D-1	
CITY-ST-ZIP	GAINESVILLE, FL, 32601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Patricia West* **REMOVED**

4/15/03

CR2E037 (10/02)