2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2015
Secretary of State
CC6030364619

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Entity Name: OASIS COMPASSION AGENCY, INC.

Current Principal Place of Business:

4888 10TH AVE NORTH
GREENACRES, FL 33463

Current Mailing Address:

4888 10TH AVE NORTH
GREENACRES, FL 33463

FEI Number: 65-0946248

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILL, A G
104 SW 11TH AVE.
DELRAY BEACH, FL 33444 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	D
Name	KALINA, ANDREA
Address	3184 VERDMONT LANE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	HORSHINGTON, SHIRO
Address	4250 WELLINGTON SHORES DR.
City-State-Zip:	WELLINGTON FL 33449

Title	DIRECTOR
Name	SILVERNAIL, DARLENE
Address	PO BOX 18745
City-State-Zip:	WEST PALM BEACH FL 33416

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

Title	DIRECTOR
Name	GILL, ALBERT W
Address	6701 FINAMORE CIRCLE
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	ROGERS, RHONDA
Address	5105 ARBOR GLEN CIRCLE
City-State-Zip:	LAKE WORTH FL 33463

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 PRESIDENT 03/13/2015

Electronic Signature of Signing Officer/Director Detail — Date