

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001737

FILED
Apr 07, 2007
Secretary of State

Entity Name: OASIS OF PEACE, INC.

Current Principal Place of Business:

711 N. ST. JOHNS BLUFF RD.
JACKSONVILLE, FL 32225

New Principal Place of Business:

1005 BERTHA STREET
JACKSONVILLE, FL 32218

Current Mailing Address:

P. O. BOX 350982
JACKSONVILLE, FL 32235

New Mailing Address:

6050 MONCRIEF ROAD
SUITE-5
JACKSONVILLE, FL 32209

FEI Number: 05-0556412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWEN, LYNN
711 N. ST. JOHNS BLUFF RD.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

WILCHER, EDWIN
1005 BERTHA STREET
JACKSONVILLE, FL 32218 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: EDWIN L. WILCHER

04/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLARK, SHERRIE
Address: 711 N ST. JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: CRUSE, GERALD
Address: 711 N ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: CORDI, CAROL
Address: 711 N ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: WAGNER, LINDA
Address: 711 N ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: MORALES, KATHLEEN
Address: 711 N ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: SHELTON, SHELTON
Address: 711 N ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWIN L. WILCHER

P

04/07/2007

Electronic Signature of Signing Officer or Director

Date