

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001737

FILED
Apr 21, 2008
Secretary of State

Entity Name: OASIS OF PEACE, INC.

Current Principal Place of Business:

1005 BERTHA STREET
JACKSONVILLE, FL 32218

New Principal Place of Business:

628 SEABROOK PARKWAY
JACKSONVILLE, FL 32211

Current Mailing Address:

6050 MONCRIEF ROAD
SUITE-5
JACKSONVILLE, FL 32209

New Mailing Address:

628 SEABROOK PARKWAY
JACKSONVILLE, FL 32211

FEI Number: 05-0556412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCHER, EDWIN
1005 BERTHA STREET
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

CLARK, SHERRIE
628 SEABROOK PARKWAY
JACKSONVILLE, FL 32211 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: SHERRIE CLARK

04/21/2008

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLARK, SHERRIE
Address: P.O. BOX 350982
City-St-Zip: JACKSONVILLE, FL 32235

Title: D (X) Change () Addition
Name: FELCIANO, VALERIE
Address: P.O. BOX 350982
City-St-Zip: JACKSONVILLE, FL 32235

Title: D (X) Change () Addition
Name: KING, DIANE
Address: P.O. BOX 350982
City-St-Zip: JACKSONVILLE, FL 32235

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 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: SHERRIE CLARK

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date