

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2008  
Secretary of State**

DOCUMENT# N07000006135

Entity Name: OASIS OF HOPE CHRISTIAN ACADEMY INC.

**Current Principal Place of Business:**

2025 SHEELER RD.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

2025 SHEELER RD.  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

OASIS DE ESPERANZA A/G, INC.  
2025 SHEELER RD.  
APOPKA, FL 32703 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SIBERIO, JIMMY REV.  
Address: 2025 SHEELER RD.  
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete  
Name: SIBERIO, CLARITZA  
Address: 2025 SHEELER RD.  
City-St-Zip: APOPKA, FL 32703

Title: SC ( ) Delete  
Name: SANTIAGO, HILDELIZA  
Address: 2025 SHEELER RD.  
City-St-Zip: APOPKA, FL 32703

**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:

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: JIMMY SIBERIO

P

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date