

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005176 (1)

1. Corporation Name

OASIS MINISTRIES INTERNATIONAL, INC. OF TAMPA, FL



Principal Place of Business

**1041 PLANTATION CIR #1401
PLANT CITY FL 33567**

Mailing Address

**1041 PLANTATION CIR #1401
PLANT CITY FL 33567**

3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RALEY, JAMES D JR
1402 PLANTATION CIR #1401
PLANT CITY FL 33567**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **RALEY, JAMES D JR**
STREET ADDRESS **1402 PLANTATION CIR #1401**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **DV** ☐ DELETE
NAME **RALEY, DAWN L**
STREET ADDRESS **1402 PLANTATION CIR #1401**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **DT** ☐ DELETE
NAME **GREEN, KEVIN S**
STREET ADDRESS **1402 PLANTATION CIR #1401**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **S** ☐ DELETE
NAME **MCCOY, TROY T**
STREET ADDRESS **1041 PLANTATION CIR #1401**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V

**15 17TH AVENUE NORTH, #502
JACKSONVILLE BEACH, FL 32250
SD**

**2750 HAWK TRACE
MARIETTA, GA 30067**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)