

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 07, 2009
Secretary of State**

DOCUMENT# N95000005176

Entity Name: OASIS MINISTRIES INTERNATIONAL, INC. OF TAMPA, FL

Current Principal Place of Business:

6 WILDERNESS RUN
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

6 WILDERNESS RUN
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 59-3357846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RALEY, JAMES D JR
6 WILDERNESS RUN
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: RALEY, JAMES D JR
Address: 6 WILDERNESS RUN
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VPD () Delete
Name: RALEY, DAWN L
Address: 6 WILDERNESS RUN
City-St-Zip: FLAGLER BEACH, FL 32136

Title: TD () Delete
Name: GREEN, KEVIN S
Address: 5 N. 17TH AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD () Delete
Name: MCCOY, TROY T
Address: 255 W. WOODHAVEN CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

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:

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: JAMES D RALEY JR

PD

02/07/2009

Electronic Signature of Signing Officer or Director

_____ Date