## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600000583 (2)

## OASIS INTERNATIONAL MINISTRIES, INC.

## FILED Feb 28 1997 8:00am Secretary of State



2395 NE 95TH STREET ANTHONY FL 32617		POST OFFICE BOX 96 ANTHONY FL 32617-0096		3. Date Incorporated or Qualified 3s. Date of Last Report				
6 D.: D	No. of Decision	I 2a. Mailing Address			01/31/1996 4. FEI Number	<u> </u>	161	b. 15.
2. Principal Place of Business 28. Mailing Address 29. Mailing Add					4. FEI NOMBEI			Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.			Additional	
27					5. Certificate of Status Desired		,	Required
City & Stat	e	City & State	···-		6. Election Campaign Financing		\$5.0	D May Be
3		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in			s. 199.032,
24	25	29	30			Yes 🗆		
	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Re	pistered A	gent	
D. W. 1 IDA	OADDOLL O ID		[°,	Name				
PHILLIPS, CARROLL S JR.				Street Address (P.O. Box Number is Not Acceptable)				
2395 NE 95TH STREET ANTHONY FL 32617			83					
MUNITER	II FL 3201/							
			84	City		FL	85 Zij	Code
SIGNATURE	Stgr-ature, typed or printed name of registered a			ent signature requ	ired when reinstating)	DATE	DIDECTO	DC IN 40
12.		ND DIRECTORS  DELETE	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		Change	
TITLE NAME	D   Gibbs, John L		1.1 TITLE 1.2 NAME			ı	Unange	E LA MAGILIAN
STREET ADDRESS	5858 NW 80TH AVENUE RO	AD		ADDRESS				
CITY-ST-ZiP	OCALA FL 34482	nu -	1.4 CITY-					
1011	D	☐ DELETE	2.1 TITLE				Change	Additio
NAME	PHILLIPS, CARROLL S JR.		2.2 NAME	ŀ				
STREET ADDRESS	2395 NE 95TH STREET		2.3 STREE	ADDRESS				
CITY-ST-ZIP	ANTHONY FL 32617		2. 4 CITY -	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			1	Change	Additio
NAMÉ	PHILLIPS, BETTY A		3.2 NAME	ļ	;	- '		
STREET ADDRESS	2395 NE 95TH STREET		3.3 STREE					
CITY-ST-ZIP TITLE	ANTHONY FL 32617	DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP			Change	Additio
NAME		□ MILIT	4.1 THEE			'	onenge	nguloo
STREET ADDRESS				ADDRESS				
City-St-Zip			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		·		<u></u>
TITLE		☐ DELETE	6.1 TITLE				Change	Additio
NAME	<u> </u>		6.2 NAME					
STREET ADDRESS				ADORESS				
			6.4 CITY-1					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED HAVE OF SUMING OFFICER OR DIRECTOR

2/97 352/732-4906