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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N96000000583 (2)**

1. Corporation Name

OASIS INTERNATIONAL MINISTRIES, INC.

Principal Place of Business	Mailing Address
2395 NE 95TH STREET ANTHONY FL 32617	POST OFFICE BOX 86 ANTHONY FL 32617

3. Date Incorporated or Qualified: 01/31/1996

4. FEI Number: EIN-59-3479846 — ☐ Applied For ☐ Not Applicable
APPLIED FOR

2. Principal Place of Business	2a. Mailing Address
21 3150 N.E. 36th Ave - #275	26 same as #2
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocala, Fl.	City & State 28
Zip / Country 24 34479 / 25 USA	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PHILLIPS, CARROLL S JR.
2395 NE 95TH STREET
ANTHONY FL 32617

10. Name and Address of New Registered Agent

81 Name: Carroll S. Phillips, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 3150 N.E. 36th Avenue - Box 275
83
84 City: Ocala **FL** 85 Zip Code: 34479

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: Carroll S. Phillips, Jr./Reg. AGent — DATE: 3/4/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBBS, JOHN L 5858 NW 80TH AVENUE ROAD OCALA FL 34482	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR GIBBS, JOHN L. 3452 S.W. 18th Place Ocala, Fl. 34474	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, CARROLL S JR. 2395 NE 95TH STREET ANTHONY FL 32617	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIRECTOR PHILLIPS, CARROLL S. JR. 3150 NE 36th Avenue - #275 Ocala, Fl. 34479	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, BETTY A 2395 NE 95TH STREET ANTHONY FL 32617	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DIRECTOR PHILLIPS, BETTY A. 3150 N.E. 36th Avenue - #275 Ocala, Fl. 34479	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. I 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: Carroll S. Phillips, Jr./Director — 3/4/98 — 352/732-4906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #