

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/27/2005-90051-023-\$70.00-\$70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 PM 1:47

DOCUMENT # N96000000583					
1. Entity Name OASIS INTERNATIONAL MINISTRIES, INC.					
Principal Place of Business P O BOX 1824 BRONSON, FL 32621 US			Mailing Address P O BOX 1824 BRONSON, FL 32621 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3479846	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILLIPS, CARROLL S JR. 150 COURT STREET BRONSON, FL 32621-1824			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Carroll S. Phillips, Jr.</i>		(NOTE: Registered Agent signature required when registering)		DATE: 1/22/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, CARROLL S JR. 3150 NE 36TH AVE. #275 OCALA, FL 34479	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, CARROLL S. JR. 150 COURT ST. BRONSON, FL 32621	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, BETTY A 3150 NE 36TH AVE. #275 OCALA, FL 34479	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, BETTY A. 150 COURT ST. BRONSON, FL 32621	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARDIN, GEORGE PO BOX 414 SPARR, FL 32192	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUNTER, KATHY P 8949 180 ST MC ALPIN, FL 32062	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11, if changed, or on an attachment with an address, with all other like empowerments.					
SIGNATURE: <i>Carroll S. Phillips, Jr.</i>		(NOTE: Registered Agent signature required when registering)		DATE: 1/22/05 (352) 486-2324	