

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# N99000000886

Entity Name: IGLESIA OASIS DE AMOR, INC.

Current Principal Place of Business:

6515 TAFT STREET
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

6515 TAFT STREET
HOLLYWOOD, FL 33024 US

New Mailing Address:

FEI Number: 65-0963481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VARGAS, ANA M
8809 SW 49TH STREET
COOPER CITY, FL 33328 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: D () Delete
Name: VARGAS, NORBERTO
Address: 8809 S.W. 49TH STREET
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: ALVAREZ, ANA
Address: 6371 RODMAN ST.
City-St-Zip: HOLLYWOOD, FL 33024

Title: P () Delete
Name: VARGAS, ANA M
Address: 8809 SW 49TH STREET
City-St-Zip: COOPER CITY, FL 33328

Title: T () Delete
Name: VAZQUEZ, REYNA
Address: 4970 SW 163RD AVE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: VAZQUEZ, CARLOS I
Address: 4970 SW 163RD AVE
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Delete
Name: COTTO, FRANCISCA
Address: 7651 NW 6 CT
City-St-Zip: PEMBROKE PINES, FL 33024

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: T (X) Change () Addition
Name: ALVAREZ, DEBBIE R
Address: 3210 EMERALD POINTE DRIVE APT 309B
City-St-Zip: HOLLYWOOD, FL 33021

Title: D (X) Change () Addition
Name: COTTO, FRANCISCA
Address: 7651 NW 6 CT
City-St-Zip: PEMBROKE PINES, FL 33024

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: DEBBIE R. ALVAREZ

T

05/03/2007

Electronic Signature of Signing Officer or Director

Date