2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90268 005 ****70.00

DOCUMENT # 734795

1. Entity Name
OASIS CHRISTIAN FELLOWSHIP CHURCH OF NEW PORT RICHEY INCORPORATED

Principal Place of Business	Mailing Address
6915 SHADY ACRES BLVD. NEW PORT RICHEY, FL 34653-3120	6915 SHADY ACRES BLVD. NEW PORT RICHEY, FL 34653-3120 US

01102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
6915 Shady Acres BLVD Suite, Apt. #, etc.	6915 Shady Acres Blvd. Suite, Apt. #, etc.
City & State: New Port Richey FL.	City & State: New Port Richey FL
Zip: 34653-3120 Country: PASCO	Zip: 34653-3120 Country: Pasco

4. FEI Number 59-1724593 ☐ 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
MUSICARO, ANGELO 18520 WILDLIFE TR SPRINGHILL, FL 34610	Name: MUSICARO Angelo Street Address (P.O. Box Number is Not Acceptable): 8600 Hunting Saddle Dr. City: BAyonet Point FL Zip Code: 34667

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	PD MUSICARO, ANGELO 18520 WILDLIFE TR SPRING HILL, FL 346102236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. Musicaro Angelo 8600 Hunting Saddle Dr. BAyonet Point FL. 34667-2523	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MUSICARO, PAULA M 18520 WILDLIFE TR SPRING HILL, FL 346102236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.D. Musicaro Paula 8600 Hunting Saddle Dr. BAyonet Point FL. 34667-2523	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COSTA, ELIZABETH M 8600 HUNTING SADDLE DR BAYONET POINT, FL 346672523	☐ 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
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 exemptions contained 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 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 empowered.

SIGNATURE: _____ 1.11.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #