

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001737

Entity Name: OASIS OF PEACE, INC.**Current Principal Place of Business:**261 PINEHURST POINTE DR.
SAINT AUGUSTINE, FL 32092**Current Mailing Address:**PO BOX 350982
JACKSONVILLE, FL 32235**FEI Number:** 05-0556412**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERRY, BROWN L
2669 LANTANA LAKES DR E
JACKSONVILLE, FL 32246 US*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**Officer/Director Detail :**

Title CD
Name FELICIANO, VALERIANA REV.
Address PO BOX 350982
City-State-Zip: JACKSONVILLE FL 32235

Title VC
Name CLARK, SHERRIE V
Address PO BOX 350982
City-State-Zip: JACKSONVILLE FL 32235

Title DT
Name BROWN, GERRY
Address PO BOX 350982
City-State-Zip: JACKSONVILLE FL 32235

Title PASTOR
Name WEST, VANCE SR.
Address PO BOX 350982
City-State-Zip: JACKSONVILLE FL 32235

Title OTHER
Name FELICIANO, JAIME JR.
Address PO BOX 350982
City-State-Zip: JACKSONVILLE FL 32235

I hereby 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 all other like empowered.

SIGNATURE: VALERIANA FELICIANO

CD

05/09/2014

Electronic Signature of Signing Officer/Director Detail_____
Date