

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007454

Entity Name: OASIS FELLOWSHIP MINISTRIES, INC.**Current Principal Place of Business:**3404 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804**Current Mailing Address:**3404 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 US**FEI Number:** 27-0127963**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAYLOR, DEBREITA D
3404 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 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	PRESIDENT
Name	TAYLOR, DEBREITA D
Address	3404 N. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32804

Title	VP/T
Name	BUTLER, CLARISSA
Address	1039 W. FAIRBANKS AVE
City-State-Zip:	ORLANDO FL 32804

Title	TRUSTEE
Name	TAYLOR, PARIS T
Address	3404 N. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32804

Title	TRUSTEE
Name	WADE, JULIA EW
Address	1039 W. FAIRBANKS AVE
City-State-Zip:	ORLANDO FL 32804

Title	SECRETARY
Name	PIERCE, SHARONDA D
Address	3404 N. ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32804

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: DEBREITA D. TAYLOR**PRESIDENT****09/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date