

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005176

**Entity Name:** OASIS MINISTRIES INTERNATIONAL, INC. OF TAMPA, FL

**Current Principal Place of Business:**

297 N BEACH STREET  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

297 N BEACH STREET  
ORMOND BEACH, FL 32174

**FEI Number:** 59-3367846

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RALEY, JAMES DJR  
297 N BEACH STREET  
ORMOND BEACH, FL 32174 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 PD  
Name RALEY, JAMES DJR  
Address 297 N BEACH STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title VPD  
Name RALEY, DAWN L  
Address 297 N BEACH STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title TD  
Name GREEN, KEVIN S  
Address 4540 SOUTHSIDE BLVD.  
303  
City-State-Zip: JACKSONVILLE FL 32216

Title SD  
Name MCCOY, TROY T  
Address 255 W. WOODHAVEN CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

*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:** JAMES D RALEY

PD

01/16/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date