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.

PRESIDENT

SIGNATURE: IRIS TROY

I

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of 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.

#### **Officer/Director Detail :**

Title	ED	Title	D	
Name	TROY, IRIS J	Name	HANSON, OVIDA	
Address	17640 NW 12TH AVE	Address	19131 NW 35TH AVE	
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33056	
Title	D			
Name	HARRIS, KENYATTA			
Address	17640 NW 12TH AVENUE			
City-State-Zip:	MIAMI FL 33169			

TROY, IRIS J 17640 NW 12TH AVE MIAMI, FL 33169 US

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000001148

Entity Name: OASIS OF LOVE DELIVERANCE MINISTRIES, INC.

## **Current Principal Place of Business:**

640 NW 183RD STREET MIAMI, FL 33169

### **Current Mailing Address:**

640 NW 183RD STREET MIAMI. FL 33169

### FEI Number: 65-0895837

# Name and Address of Current Registered Agent:

Mar 11, 2013 Secretary of State CC3724553456

Date

FILED

Certificate of Status Desired: Yes

03/11/2013

Date