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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name 702412

(8)

IGLESIA CRISTIANA OASIS DE AMOR, INC.

Principal Place of Business Mailing Address						aı aıbıl alalı bilil dibil	01811 01011 18B1
6922 - 20TH AVENUE SOUTH 6922 - 20TH AVENUE TAMPA FL 33619 TAMPA FL 33619			OUTH				
					3. Date Incorporated or Qualified 05/10/1961	3a. Date of Last 05/11/1	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number 23-7376758		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	111		\$8.75 Addit		
22		27			5. Certificate of Status Desired	1 1	Required
City & State		City & State	City & State		6. Election Campaign Financing	55.00 May Be	
23		28			Trust Fund Contribution	1 1	d to Fees
Zip	Country	Zip	Country		8. This corporation has liability for int		. 199.032,
24	25	29	30			Yes ☐ No	
	9. Name and Address of Curre	ent Registered Agent	B1 N	lame _	10. Name and Address of New Reg	gistereo Agent	
CRUZ, D. 2012 661 TAMPA F	TH ST. FL 33619		82 S 83 84 C	Caj treet Addres 11:	pdevila, Luis s (P.O. Box Number is Not Acceptable) 301 Ola Ave.	FL 85 3	p Code 3612
or register	to the provisions of Sections 617.050 ed agent, or both, in the State of Floth, and accept the obligations of, Sec	rida. Such change was authorize	ad by the comorat	ied corporati tion's board (on submits this statement for the purpor of directors. I hereby accept the appoir	ose of changing its introduction of changing its interest as registered as registered as $2 - 7 - 7 - 7 = 7$	registered office Lagent, Lam
	accelera, typed or printed name of registered ag-	<u> </u>	TL: Registered Agent sign	nature required wi		DATE	.,
12.		ND DIRECTORS	13.		ADD:TIONS/CHANGES TO OFFIC		
TITLE	P DANIE	DELETE	1.1 TITLE	P	 -	☐ Change	Addition
NAME	CRUZ, DANIEL		1.2 NAME	Ç	apdevila,Luis 1301 Ola Ave.		
STREET ADDRESS	2012 68TH ST.		1.3 STREET ADD	, , , , ,	1301 Ola Ave. ampa, FL 33612		
CITY-ST-ZIP	TAMPA, FL 00000 D	DELETE	1.4 CITY - ST - ZII		MD STORY		
TITLE	AROCHO, RUTH	AJUELETE	2 1 TITLE		apdevila, Anita	☐ Change	Addition
NAME CTOCET ADDDESS	12708 BRUCE B. TOWNS		2 2 NAME		1301 Ola Ave.		
STREET ADDRESS	TAMPA FL 33612		2 3 STREET ADD		ampa, FL 33612		
CITY-ST-ZIP TITLE	n	DELETE	2.4 CITY - ST - ZI 3.1 TITLE		TD TD	☐ Change	Addition
NAME	MARIN, HIPOLITO	JQ ,1=====	3.2 NAME		apdevila, Albert		Z risolitori
STREET ADDRESS	1710 HARTLEY RD.		3.3 STREET ADD		116 Swann Aver	U .	
CITY-ST-ZIP	TAMPA FL 33619		3.4. CITY - ST - ZI	r T	ampa, FL 33609		
TITLE	D	DELETE	4.1 TITLE			☐ Change	Addition
NAME	CRUZ, MARIA A.	**	4. 2 NAME			_ ,	
STREET ADDRESS	2012 S. 66TH ST.		4.3 STREET ADD	RESS			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIE				
TITLE		DELETE	5 1 TOTLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADD	RESS			
CITY-ST-ZIP			5.4 CHTY-ST-ZIA	Р			
TITLE		DELETE	61 TITLE			☐ Change	☐ Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREET ADD	RESS			
CITY-ST-ZIP			64 CITY - ST - ZIF				
certify that oath; that	t the information indicated on this ani	hual report or supplemental annu poration or the receiver or trustee	ual report is true as e empowered to e:	nd accurate :	the exemption stated in Section 119.07 and that my signature shall have the sa eport as required by Chapter 617, Flori	ame lega! effect as it	made under

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPICER OR DIRECTOR

2-10-55 Date

626-1797 Daytime Phone #

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Louis A. Capdevila