

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90073 025 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702412**

1. Corporation Name

**IGLESIA CRISTIANA OASIS DE AMOR, INC.**

Principal Place of Business  
6922 - 20TH AVENUE SOUTH  
TAMPA FL 33619

Mailing Address  
6922 - 20TH AVENUE SOUTH  
TAMPA FL 33619

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 280018		05/10/1961	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Tampa, FL		28 Tampa, FL		23-7376758	
24 Zip		25 Country		5. Certificate of Status Desired	
29 33682-0018		30 Hillsborough		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CAPDEVILA, LUIS		81 Name			
11301 OLA AVE.		82 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33612		83			
		84 City			
		FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CAPDEVILA, LUIS	1.2 NAME	
STREET ADDRESS	11301 OLA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VMD	2.1 TITLE	
NAME	CAPDEVILA, ANITA	2.2 NAME	
STREET ADDRESS	11304 OLA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	CAPDEVILA, ALBERT J	3.2 NAME	
STREET ADDRESS	4116 SWANN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 (813)626-1797

Date

Daytime Phone #

CR2E037 (1/198)