## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 702412**

CAPDEVILA, ANITA

11301 N OLA AVE

TAMPA, FL 33612

Name:

Address:

City-St-Zip:

ne: IGLESIA CRISTIANA OASIS DE AMOR INC

FILED May 07, 2004 Secretary of State

| Entity Nai                                    | me: IGLESIA   | CRISTIANA OASIS DE AMOR,         | INC.  |  |  |
|---|---|----------------------------------|---|--|--|
| Current Principal Place of Business:          |   |                                  | New Principal Place of Business:            |  |  |
| 6922 - 20T<br>TAMPA, F                        | H AVENUE S<br>L 33619                                 | OUTH                             |   |  |  |
| Current Mailing Address:                      |   |                                  | New Mailing Address:                        |  |  |
| 6922 - 20T<br>TAMPA, F                        | H AVENUE S<br>L 33619                                 | OUTH                             |   |  |  |
| FEI Number                                    | : 23-7376758  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)            |  |
| Name and Address of Current Registered Agent: |   |                                  | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| CAPDEVIL<br>11301 N C<br>TAMPA, F             | LÁ AVE  | S                                |   |  |  |
|   | named entity<br>e of Florida.                         | submits this statement for the p | urpose of changing its registered           | d office or registered agent, or both,       |  |
| SIGNATU                                       |   |                                  |   |  |  |
|   | Electro   | nic Signature of Registered Age  | ent   | Date   |  |
| OFFICERS AND DIRECTORS:                       |   |                                  | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD (<br>CAPDEVILA, L<br>11301 N OLA A<br>TAMPA, FL 33 | \VE                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | STD (<br>CAPDEVILA, A<br>12846 BIG SU<br>TAMPA, FL 33 | R DR.                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | CD (<br>BEACHAM, RU<br>7402 O'BRIAN<br>TAMPA, FL 33   | ST.                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:  | ٧ (   | ) Delete                         | Title:                                      | () Change () Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALBERT CAPDEVILA STD 05/07/2004