


**2007/NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State


04-17-2007 90052 043 ****70.00

DOCUMENT # 702412 1. Entity Name IGLESIA CRISTIANA OASIS DE AMOR, INC.	
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Principal Place of Business 6922 - 20TH AVENUE SOUTH TAMPA, FL 33619	Mailing Address <i>6616 E. Chelsea St</i> 6922 - 20TH AVENUE SOUTH TAMPA, FL 33619 <i>33610</i>
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40064908



03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0496068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPDEVILA, ALBERT J
12846 BIG SUR DR.
TAMPA, FL 33625

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

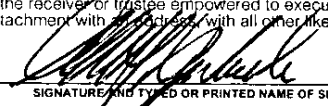
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEACHAM, RUFUS 7402 O'BRIAN ST. TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPDEVILA, ALBERT 12846 BIG SUR DR. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T ALBALADEJO, SATURNINO 5840 HERONVIEW CRESCENT DR. LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPDEVILA, ZERELDA 12846 BIG SUR DR. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:  *4/4/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #