

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90268 005 ****70.00

DOCUMENT # 734795	
1. Entity Name OASIS CHRISTIAN FELLOWSHIP CHURCH OF NEW PORT RICHEY INCORPORATED	

Principal Place of Business 6915 SHADY ACRES BLVD. NEW PORT RICHEY, FL 34653-3120	Mailing Address 6915 SHADY ACRES BLVD. NEW PORT RICHEY, FL 34653-3120 US
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2. Principal Place of Business <i>6915 Shady Acres Blvd</i>	3. Mailing Address <i>6915 Shady Acres Blvd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>New Port Richey FL</i>	City & State <i>New Port Richey FL</i>
Zip <i>34653-3120</i>	Zip <i>34653-3120</i>
Country <i>PASCO</i>	Country <i>PASCO</i>



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1724593	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUSICARO, ANGELO 18520 WILDLIFE TR SPRINGHILL, FL 34610	7. Name and Address of New Registered Agent Name <i>MUSICARO Angelo</i> Street Address (P.O. Box Number is Not Acceptable) <i>8600 Hunting Saddle Dr.</i> City <i>Bayonet Point</i> FL Zip Code <i>34667</i>
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSICARO, ANGELO 18520 WILDLIFE TR SPRING HILL, FL 346102236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.D.</i> <i>MUSICARO Angelo</i> <i>8600 Hunting Saddle Dr.</i> <i>Bayonet Point FL 34667-2523</i> ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUSICARO, PAULA M 18520 WILDLIFE TR SPRING HILL, FL 346102236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S.D.</i> <i>MUSICARO Paula</i> <i>8600 Hunting Saddle Dr.</i> <i>Bayonet Point FL 34667-2523</i> ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COSTA, ELIZABETH M 8600 HUNTING SADDLE DR BAYONET POINT, FL 346672523 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE: *MUSICARO* **1.11.05**
Signature and typed or printed name of signing officer or director Date Daytime Phone #