

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754176

FILED
Apr 30, 2009
Secretary of State

Entity Name: COASTAL OASIS MINISTRIES, INC

Current Principal Place of Business:

13301 WALSINGHAM RD
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

13301 WALSINGHAM RD
LARGO, FL 33774

New Mailing Address:

FEI Number: 59-1118435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDAL MORRIS
1089 NOLAN DR.
LARGO, FL 33770 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HAMM, TIM
Address: 347 14 ST NW
City-St-Zip: LARGO, FL 33770

Title: PD () Delete
Name: MORRIS, RANDAL
Address: 1089 NOLAN DR
City-St-Zip: LARGO, FL 33770

Title: SD () Delete
Name: ROHRS, JULIA
Address: 1723 FLAGLER DR
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MORRIS, RANDAL W II
Address: 947 NOLAN DR.
City-St-Zip: LARGO, FL 33770

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JULIA ROHRS

SD

04/30/2009

Electronic Signature of Signing Officer or Director

Date