2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT #N01000008665

1. Entity Name
OASIS FAMILY CHURCH, INC.

Principal Place of Business	Mailing Address
4780 GLORDANO AVENUE NORTH PORT, FL 34286	4780 GLORDANO AVE NORTH PORT, FL 34286

04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0617877
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IMEL, AARON K
4780 GLORDANO AVE.
NORTH PORT, FL 34286

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	IMEL, AARON K
STREET ADDRESS	4780 GLORDANO AVE.
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	VT
NAME	IMEL, MELANIE R
STREET ADDRESS	4780 GLORDANO AVE.
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	STT
NAME	WISCAVER, JANICE K
STREET ADDRESS	6679 KENWOOD DR.
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000505463
04/26/06-80116-017 61.25

DO NOT WRITE 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 an address, with all other like empowered.

SIGNATURE Melanie R Imel 941-429-4261