2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008665

Entity Name: OASIS FAMILY CHURCH, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4780 GLORDANO AVENUE 2201 OLD ENGLEWOOD RD NORTH PORT, FL 34286 ENGLEWOOD, FL 34223

Current Mailing Address: New Mailing Address:

4780 GLORDANO AVE 2201 OLD ENGLEWOOD RD NORTH PORT, FL 34286 ENGLEWOOD, FL 34223

FEI Number: 01-0617877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IMEL, AARON KJACKSON, ROSEANNE4780 GLORDANO AVE.2201 OLD ENGLEWOOD RDNORTH PORT, FL 34286USENGLEWOOD, FL 34223US

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: ROSEANNE JACKSON 05/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition Name: IMEL, AARON K Name: JACKSON, ROSEANNE

 Address:
 4780 GLORDANO AVE.
 Address:
 P.O. BOX 1664

 City-St-Zip:
 NORTH PORT, FL 34286
 City-St-Zip:
 ENGLEWOOD, FL 34295

Title: VT () Delete Title: STT (X) Change () Addition Name: IMEL, MELANIE R Name: BLACKFORD, KAREN

 Name:
 IMEL, MELANIE R
 Name:
 BLACKFORD, KART

 Address:
 4780 GLORDANO AVE.
 Address:
 256 VENICE EAST

 City-St-Zip:
 NORTH PORT, FL 34286
 City-St-Zip:
 VENICE, FL 34293

Title: STT () Delete Title: VT (X) Change () Addition

 Name:
 WISCAVER, JANICE K
 Name:
 MORGAN, BRYON C

 Address:
 6679 KENWOOD DR.
 Address:
 1136 OSCEOLA BLVD

 City-St-Zip:
 NORTH PORT, FL 34287
 City-St-Zip:
 ENGLEWOOD, FL 34223

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: ROSEANNE JACKSON PT 05/01/2008