

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01422

FILED
Mar 14, 2009
Secretary of State

Entity Name: OASIS MINISTRY INTERNATIONAL, INC.

Current Principal Place of Business:

12695 SW 77 STREET
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

10050 SW 123 AVENUE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-2567381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCE, RAUL
10050 SW 123RD AVE
MIAMI, FL 33186 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: DP () Delete
Name: ARCE, RAUL
Address: 10050 S.W. 123 AVE.
City-St-Zip: MIAMI, FL

Title: DV () Delete
Name: ARCE, ELSBETH
Address: 10050 S.W. 123 AVE.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: MEJIA, CARLOS
Address: 13447 S.W. 154 STREET #2211
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: RODRIGUEZ, GLORIA S
Address: 13345 SW 106 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: CARP, DAISY
Address: 2194 SW 25 TERRACE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: RAUL ARCE

DP

03/14/2009

Electronic Signature of Signing Officer or Director

Date