2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001737

Entity Name: OASIS OF PEACE, INC.

FILED Apr 07, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2529 WOOLERY DR. JACKSONVILLE, FL 32211				6620 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211			
Current Mailing Address:				New Mailing Address:			
P. O. BOX 3 JACKSON\	350982 /ILLE, FL 3223	35					
FEI Number: 05-0556412 FEI Number Applied For () FEI Num				mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BOWEN, LYNN 2529 WOOLERY DR. JACKSONVILLE, FL 32211 US				BOWEN, LYNN 6620 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 US			
The above in the State	named entity si of Florida.	ubmits this statement for the purp	ose o	f changing it	s registered	office or registered a	gent, or both,
SIGNATURE:				04/07/2005			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name:	BOWEN, LYNN 2529 WOOLERY JACKSONVILLE,	FL 32211 Delete		Title: Name: Address: City-St-Zip: Title: Name:	BOWEN, LYN 6620 ARLING JACKSONVILI	TON EXPRESSWAY LE, FL 32211 X) Change () Addition	
Address: City-St-Zip:	4163 RIVERMAR FERNANDINA BE	SH BEND		Address: City-St-Zip:		TON EXPRESSWAY	
Title: Name: Address: City-St-Zip:	D () I CLARK, SHERRI 628 SEABROOK JACKSONVILLE,	PKAY		Title: Name: Address: City-St-Zip:	FELICIANO, V	TON EXPRESSWAY	
Title: Name: Address: City-St-Zip:	D () I WAGNER, LINDA 1468 RIVERGAT JACKSONVILLE,	E DR.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I GAY, LOUISE P. O. BOX 35098 JACKSONVILLE,			Title: Name: Address: City-St-Zip:	DYE, TAMARA	TON EXPRESSWAY	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SHELTON, SH	TON EXPRESSWAY	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYNN BOWEN D 04/07/2005