

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003909

FILED
May 03, 2008
Secretary of State

Entity Name: OASIS MINISTRIES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

4297 D ISLAND CIRCLE
FORT MYERS, FL 33919

New Principal Place of Business:

5099 RUSSELL AVENUE
FORT MYERS, FL 33919

Current Mailing Address:

4297 D ISLAND CIRCLE
FORT MYERS, FL 33919

New Mailing Address:

5099 RUSSELL AVENUE
FORT MYERS, FL 33919

FEI Number: 20-0077563 **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:

FLEEMAN, RALPH C II
4297 D ISLAND CIRCLE
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

FLEEMAN, RALPH C II
5099 RUSSELL AVENUE
FORT MYERS, FL 33919 US

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: RALPH C. FLEEMAN

05/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLEEMAN, RALPH C II
Address: 4297 D ISLAND CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

Title: VD () Delete
Name: MCKELVEY, DAVID
Address: 2261 GORTHAM AVENUE
City-St-Zip: FORT MYERS, FL 33907 US

Title: STD () Delete
Name: FLEEMAN, GAIL D
Address: 4297 D ISLAND CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

Title: D () Delete
Name: HENDRY, HARRY
Address: 558 PECK AVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: D () Delete
Name: GALBRAITH, RICHARD
Address: 2430 WILLIARD STREET
City-St-Zip: FORT MYERS, FL 33901 US

Title: D (X) Delete
Name: HANNAH, GEORGE
Address: 1803 MARAVILLA AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLEEMAN, RALPH C II
Address: 5099 RUSSELL AVENUE
City-St-Zip: FORT MYERS, FL 33919 US

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

Title: STD (X) Change () Addition
Name: FLEEMAN, GAIL D
Address: 5099 RUSSELL AVE
City-St-Zip: FORT MYERS, FL 33919 US

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

Title: D (X) Change () Addition
Name: JOANNE, SMITH
Address: 1620 BEACHWOOD DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

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: RALPH C. FLEEMAN

PD

05/03/2008

Electronic Signature of Signing Officer or Director

Date