2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 28, 2004
Secretary of State

DOCUMENT# N03000008495

Entity Name: OASIS OF HEALING MINISTRIES, INCORPORATED

Current Principal Place of Business:

5975 NEW TAMPA HIGHWAY
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 92202
LAKELAND, FL 338042202

New Mailing Address:

FEI Number: 65-1206072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERRING, JAMES E SR.
5975 NEW TAMPA HIGHWAY
LAKELAND, FL 33815

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: PD ( ) Delete
Name: HERRING, JAMES E SR.
Address: P.O. BOX 92202
City-St-Zip: LAKELAND, FL 33804

Title: VD ( ) Delete
Name: DE CASTRO, EDUARDO F
Address: 930 14TH N.E.
City-St-Zip: WINTER HAVEN, FL 33881

Title: STD ( ) Delete
Name: GILLIARD, STEPHEN R
Address: 5660 PAYNE ROAD
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: GILLIARD, WAYNE
Address: 4125 ROLLING GROVE PL.
City-St-Zip: LAKELAND, FL 33810

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

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: JAMES E. HERRING, SR. PD 09/28/2004

Electronic Signature of Signing Officer or Director — Date