# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 03, 2006**
**Secretary of State**

DOCUMENT# N03000008495

**Entity Name:** OASIS OF HEALING MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

1048 CASTERTON CIRCLE
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

1048 CASTERTON CIRCLE
DAVENPORT, FL 33897

**New Mailing Address:**

**FEI Number: 65-1206072** **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:**

HERRING, JAMES E SR.
1048 CASTERTON CIRCLE
DAVENPORT, FL 33897 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: PD ( ) Delete
Name: HERRING, JAMES E SR.
Address: 1048 CASTERTON CIRCLE
City-St-Zip: DAVENPORT, FL 33897

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

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: ( ) Change ( ) Addition
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 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: JAMES E. HERRING, SR. PD 09/03/2006

Electronic Signature of Signing Officer or Director — Date