2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N04000007243

Entity Name: OASIS OF DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

2890 N OAKLAND FOREST DR #211
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2890 N OAKLAND FOREST DR #211
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 23-2644482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FACEN, CHARLES
2890 N OAKLAND FOREST DR #211
FT LAUDERDALE, FL 33309 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: P ( ) Delete
Name: FACEN, CHARLES REV.
Address: 2890 N OAKLAND FOREST DR #211
City-St-Zip: FT LAUDERDALE, FL 33309

Title: V ( ) Delete
Name: FACEN, CYNTHIA
Address: 2890 N OAKLAND FOREST DR #211
City-St-Zip: FT LAUDERDALE, FL 33309

Title: S ( ) Delete
Name: ROULHAC, STACY
Address: 1206 NW 16 CT
City-St-Zip: FT LAUDERDALE, FL 33311

Title: T ( ) Delete
Name: ROUSE, TEQUILLA
Address: 1971 LYON ROAD #306
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: ROUSE, ALEXIS
Address: 1971 LYON ROAD #306
City-St-Zip: COCONUT CREEK, FL 33063

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: ALEXIS ROUSE S 01/06/2005

Electronic Signature of Signing Officer or Director — Date