

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007243

FILED
Jan 29, 2007
Secretary of State

Entity Name: OASIS OF DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

2980 NW 24 COURT
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2980 NW 24 COURT
FT LAUDERDALE, FL 33311

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
2980 NW 24 COURT
FT LAUDERDALE, FL 33311 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: 2980 NW 24 COURT
City-St-Zip: FT LAUDERDALE, FL 33311

Title: V () Delete
Name: FACEN, CYNTHIA
Address: 2980 NW 24 COURT
City-St-Zip: FT LAUDERDALE, FL 33311

Title: S () Delete
Name: COLLINS, BETTY
Address: 1860 NW 34 TERRACE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: T () Delete
Name: FACEN, CYNTHIA
Address: 2980 NW 24 COURT
City-St-Zip: FT LAUDERDALE, FL 33311

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:

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: CHARLES FACEN

P

01/29/2007

Electronic Signature of Signing Officer or Director

Date