

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90023 046 ****70.00

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1. Entity Name
OASIS OF RESTORATION, INC.



Principal Place of Business
**2879 BRONCO AVENUE
KISSIMMEE, FL 34746**

Mailing Address
**2879 BRONCO AVENUE
KISSIMMEE, FL 34746**

60006905



01242007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
76-0763214

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORALES, ERICK B
2879 BRONCO AVENUE
KISSIMMEE, FL 34746**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MORALES, ERICK B**
CITY-ST-ZIP **2879 BRONCO AVENUE
KISSIMMEE, FL 34746**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **MORALES, ENID G**
CITY-ST-ZIP **2879 BRONCO AVENUE
KISSIMMEE, FL 34746**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **HERNANDEZ, PRISCILLA**
CITY-ST-ZIP **2211 PINE OAKS TR
KISSIMMEE, FL 34746**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **LABOY, NIULKA**
CITY-ST-ZIP **658 STERLING DR
KISSIMMEE, FL 34758**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ESTRELLA, CAROLYN**
CITY-ST-ZIP **6293 CURRY FORM ROAD #159
ORLANDO, FL 32822**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **TREASURER & DEACONESS**
STREET ADDRESS **CAROLYN ESTRELLA**
CITY-ST-ZIP **1094 MARTIN AVE.
ORLANDO, FL 32825**

TITLE ☐ Change ☒ Addition
NAME **TRUSTEE/ELDER**
STREET ADDRESS **RAMON MORALES**
CITY-ST-ZIP **2879 BRONCO AVE.
KISSIMMEE, FL 34746**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #