2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012533

Apr 25, 2007 Secretary of State

Entity Name: THE OASIS FAMILY CHURCH OF CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

116 WILSHIRE BLVD CASSELBERRY, FL 32707

Current Mailing Address: New Mailing Address:

116 WILSHIRE BLVD CASSELBERRY, FL 32707

FEI Number: 20-3803318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NELSON, FREDERICK H ESQ THE LAW OFFICES OF FREDERICK H. NELSON, PA 234 N WESTMONTE DR - STE 3000 ALTAMONTE SPRINGS, FL 32714 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition PHILIPS, JEFF PHILIPS, JEFF Name: Name: 2343 HUNTERFIELD RD Address: 116 WILSHIRE BLVD. Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: CASSELBERRY, FL 32707

Title: TD Title: (X) Change () Addition () Delete

HARMAN, JIM Name: HARMAN, JIM Name: Address: 703 HAMILTON CT Address: 116 WILSHIRE BLVD. City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: CASSELBERRY, FL 32707

Title: VPD () Delete Title: **VPD** (X) Change () Addition ALESI, ROLAND FOSTER, ERIK Name: Name: Address: 5393 JUSTINE WAY Address: 116 WILSHIRE BLVD.

City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: CASSELBERRY, FL 32707 () Delete Title: VPD Title: VPD (X) Change () Addition

RUTH, ROD RUTH, ROD Name: Name: 3464 PAISLEY CIR Address: Address: 116 WILSHIRE BLVD.

City-St-Zip: ORLANDO, FL 32817 City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete Title: (X) Change () Addition RUTH, THERESA RUTH, THERESA Name: Name:

3464 PAISLEY CIR 116 WILSHIRE BLVD. Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete Title: () Change (X) Addition

GOLAY, TOM Name: Name: Address: Address: 116 WILSHIRE BLVD. CASSELBERRY, FL 32707 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JEFF PHILIPS PD 04/25/2007