

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001622

FILED
May 09, 2007
Secretary of State

Entity Name: OASIS FAITH BASED HISPANIC SOCIAL SERVICE COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

3760 PARKWAY BLVD.
LAND O'LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

3760 PARKWAY BLVD.
LAND O'LAKES, FL 34639

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

TEJERA, JOSE
3760 PARKWAY BLVD.
LAND O'LAKES, FL 34639 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: TEJERA, JOSE
Address: 3760 PARKWAY BLVD.
City-St-Zip: LAND O'LAKES, FL 34639

Title: VCHR () Delete
Name: DE TEJERA, JULIE RIVERA
Address: 3760 PARKWAY BLVD.
City-St-Zip: LAND O'LAKES, FL 34639

Title: S () Delete
Name: TOSADO, ADA L
Address: 1901 TUPELO LANE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T () Delete
Name: RODRIGUEZ, RONY
Address: 3508 N REPUBLICA DE CUBA
City-St-Zip: TAMPA, FL 33605

Title: ADV () Delete
Name: RODRIGUEZ, FRANK
Address: 6802 N BOULEVARD
City-St-Zip: TAMPA, FL 33604

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: RIVERA, BARBARA
Address: 9614 N CENTRAL AVE
City-St-Zip: TAMPA, FL 33612

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 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: JOSE TEJERA

P

05/09/2007

Electronic Signature of Signing Officer or Director

Date