

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001622

FILED  
Apr 30, 2008  
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 ( )**

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

TEJERA, JOSE  
3760 PARKWAY BLVD.  
LAND O'LAKES, FL 34639      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: 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: RIVERA, BARBARA  
Address: 9614 N CENTRAL AVE  
City-St-Zip: TAMPA, FL 33612

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:                      ( ) 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 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

PRES

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date