

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008326

FILED
Feb 23, 2009
Secretary of State

Entity Name: OASIS OF LOVE RESTORATION CENTER, INC.

Current Principal Place of Business:

213 FERN GULLEY DRIVE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

1936 BRUCE B. DOWNS BLVD.
#333
WESLEY CHAPEL, FL 33543

New Mailing Address:

FEI Number: 26-0628624 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOURK, BETTY C
12617 GREEN OAK LANE
DADE CITY, FL 33525 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: DIR () Delete
Name: WILDE, ROBERT
Address: 116 CHESAPEAK AVENUE
City-St-Zip: TAMPA, FL 33606

Title: DIR () Delete
Name: SOURK, BETTY C
Address: 12617 GREEN OAK LANE
City-St-Zip: DADE CITY, FL 33525

Title: P () Delete
Name: CIGANEK, MARY ELLEN DR
Address: 213 FERN GULLEY DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: DIR () Delete
Name: COLANGELO, JERRY
Address: 70 EAST COUNTRY CLUB DRIVE
City-St-Zip: PHOENIX, AZ 85014

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 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: BETTY C. SOURK

DIR

02/23/2009

Electronic Signature of Signing Officer or Director

Date