

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000011355

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Entity Name:** THE OASIS OF LOVE FAMILY LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

11045 S.W. 16TH STREET  
SUITE #206  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

11045 S.W. 16TH STREET  
SUITE #206  
PEMBROKE PINES, FL 33025

**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:**

PHILLIPS, ALFRED J  
11045 S.W. 16TH STREET  
SUITE #206  
PEMBROKE PINES, FL 33025 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: ALFRED J PHILLIPS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PHILLIPS, ALFRED J PASTOR  
Address: 11045 S.W. 16TH STREET, SUITE #206  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S  
Name: PHILLIPS, CHARITY L  
Address: 11045 S.W. 16TH STREET, SUITE #206  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP  
Name: PHILLIPS, DELORES PASTOR  
Address: 11045 SW 16TH STREET, SUITE #206  
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby 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 all other like empowered.

SIGNATURE: ALFRED J PHILLIPS

PAST

10/03/2011

Electronic Signature of Signing Officer or Director

Date