

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010452

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** OASIS FOUNTAIN OF LIFE IN FLORIDA, INC

**Current Principal Place of Business:**

6922 142 AVENUE NORTH  
LARGO, FL 33771

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 26  
PINELLAS PARK, FL 33780

**New Mailing Address:**

**FEI Number:** 27-1268136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MEDINA, JOSE A REV.  
5160 69TH AVENUE  
PINELLAS PARK, FL 33781 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: P  
Name: MEDINA, JOSE A  
Address: 5160 69TH AVENUE  
City-St-Zip: PINELLAS PARK, FL 33781

Title: S  
Name: DELGADO, AMADA M  
Address: 5160 69TH AVENUE  
City-St-Zip: PINELLAS PARK, FL 33781

Title: T  
Name: ROBLES, GLADYS  
Address: 5970 82 TERRACE  
City-St-Zip: PINELLAS PARK, FL 33781

Title: SEC  
Name: APONTE, WENDY  
Address: 837 86TH AVE  
City-St-Zip: SAINT PETERSBURG, FL 33702

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: JOSE A MEDINA

P

04/19/2011

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

\_\_\_\_\_  
Date