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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25082** (1)

1. Corporation Name

~~THE WORD ALIVE INTERNATIONAL CHRISTIAN WORSHIP CENTER, INC.~~ ***NAME HAS BEEN CHANGED
~~ENTER, INC.~~ 4-278
THE OASIS OF JENSEN BEACH A CHRISTIAN WORSHIP CENTER, INC.



Principal Place of Business

Mailing Address

**2000 NW JENSEN BEACH BLVD
JENSEN BEACH FL 34957
US**

**2000 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957
US**

3. Date Incorporated or Qualified

02/29/1988

4. FEI Number

65-0033611

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2000 NE Jensen Beach Blvd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, THOMAS E. JR.
17 ISLAND ROAD
SEAWALLS POINT FL 34996**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE

NAME **KRTAUSCH, ROBERTA**
STREET ADDRESS **1162 SE PROCTOR LANE**
CITY-ST-ZIP **PORT ST LUCIE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **PT** ☐ DELETE

NAME **SMITH, THOMAS F JR**
STREET ADDRESS **17 ISLAND ROAD**
CITY-ST-ZIP **SEAWALLS POINT FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **VPD** ☐ DELETE

NAME **SMITH, LINDA M**
STREET ADDRESS **17 ISLAND ROAD**
CITY-ST-ZIP **SEAWALLS POINT FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE

THOMAS E. SMITH

CR2E037 (10/97)