

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30464

FILED  
Apr 22, 2005  
Secretary of State

**Entity Name:** IGLESIA CRISTIANA OASIS DE BENDICION, INC.

**Current Principal Place of Business:**

6820 N ORLEANS AVE.  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

14308 HOMOSASSA STREET  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 59-2817555      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

RAMIREZ, WILFREDO  
14308 HOMOSASSA STREET  
TAMPA, FL 33613      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: PD      ( ) Delete  
Name: RAMIREZ, WILFREDO,  
Address: 14308 HOMOSASSA STREET  
City-St-Zip: TAMPA, FL 33613

Title: VD      ( ) Delete  
Name: FERNANDEZ, CANDIDO,  
Address: 3306 NASSAU ST.  
City-St-Zip: TAMPA, FL

Title: SD      ( ) Delete  
Name: RAMIREZ, LILLIAN,  
Address: 14308 HOMOSASSA STREET  
City-St-Zip: TAMPA, FL 33613

Title: TD      ( ) Delete  
Name: SANTIAGO, HECTOR L.  
Address: 11314 SPRING COURT #B  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD      (X) Change ( ) Addition  
Name: FERNANDEZ, CANDIDO,  
Address: 2519 N LORRAINE ST  
City-St-Zip: TAMPA, FL 33614

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      (X) Change ( ) Addition  
Name: SANTIAGO, HECTOR L.  
Address: 11314 SPRING COURT #B  
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILFREDO RAMIREZ

PD

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date