2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N30464

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: CONCEPCION, JOSE M.
Address: 6803 GRAPEVINE CT.
City-St-Zip: TAMPA, FL 33615

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

Title: TD ( ) Delete
Name: SANTIAGO, HECTOR L.
Address: 2912 SYCAMORE CT. APT. 3-K
City-St-Zip: TAMPA, FL 33613

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: TD (X) Change ( ) Addition
Name: RAMIREZ, LILLIAN
Address: 14308 HOMOSASSA STREET
City-St-Zip: TAMPA, FL 33613

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: WILFREDO RAMIREZ PD 04/21/2009

Electronic Signature of Signing Officer or Director — Date