

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Principal Place of Business

2835 GULFSTREAM RD

LAKE WORTH FL 33461

IGLESIA BAUTISTA OASIS DE AMOR, INC.

DOCUMENT # N9400003035

Mailing Address

2835 GULFSTREAM RD

LAKE WORTH FL 33461

FILED Mar 09, 1999 8:00 am § Secretary of State

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2. Principal Pl	ace of Business	2a 26	Mailing Address			3. Date Incorporated or Qualifed 06/20/1994		
Suite, Apt.	#. etc.		Suite, Apt. #, etc.		-		4. FEI Number Applied For	
22	.,	27					65-0504287 Not Applicable	
City & State	9	28	City & State				5. Certificate of Status Desired	
Zip	Country	201	Zip	Cou	ntry		6. Election Campaign Financing S5.00 May Be	
24	25	29	·	30			Trust Fund Contribution Added to Fees	
	9. Name and Address of Current		stered Agent				10. Name and Address of New Registered Agent	
					81	Name		
CARANOV	A DANIEI				82	Street	Address (P.O. Box Number is Not Acceptable)	
	CASANOVA, DANIEL 2835 GULFSTREAM RD				Audious (1.5. sox rulinos and social and soc			
	RTH FL 33461				83			
LANC 110	11111 - 50701				84	City	85 Zip Code	
					ŀ	•	FL	
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			A NOTE	D'-1			required when reinstating) DATE	
12.	Signature, typed or printed name of registered agent a OFFICERS AND			13.	Agen	signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		DIN	DELETE	1.1 Ti	Tì F	1	Channe X Addition	
	D H MENDO - OA DLOC		7	1.2 N		•	Guillelmo Rosarro 6609 Columbia Ave Late worth FL 33467	
NAME	JIMENES, CARLOS					ADDRESS	6609 Columbia Ave	
STREET ADDRESS	5842 DEWBERRY WAY				TY-ST		44 to (1) (th FL 33467	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		☐ DELETE	2.1 Π		-21	☐ Change ☐ Addition	
TITLE	D		- December	2.2 N				
NAME	LLANES, HECTOR					ADDRESS		
STREET ADDRESS	921 BURCH STREET						<u>'</u>	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		☐ DELETE	3.1 TI	TY-S	1-21-	☐ Change ☐ Addition	
TITLE	D CONTALET MANUEL		المامان ليا	3.2 N				
NAME	GONZALEZ, MANUEL					ADDRESS		
STREET ADDRESS	831 SCOTT DR]	
CITY-ST-ZIP TITLE	WEST PALM FL		☐ DELETE	4.1 TI	TY-S TLE	·· 48F	☐ Change ☐ Addition	
NAME				4.21				
				9		ADDRESS		
STREET ADDRESS				1	TY-ST			
CITY-ST-ZIP TITLE			☐ DELETE	5.1 T		-411	☐ Change ☐ Addition	
				5.2 N				
NAME				5.3 S	TREET	ADDRESS	;	
STREET ADDRESS					TY-\$1			
CITY-ST-ZIP TITLE			☐ DELETE	6.1 T			. Change Addition	
NAME			<u> </u>	6.2 N	AME			
				l l		ADDRESS		
STREET ADDRESS					TY-S1			
CITY-ST-ZIP	,			0.40		-41		

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 formation or the same legal effect as if made under oath; that I am an officer or director of the Block 12 or Block 13 if seed, or on an extachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

Date

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