

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90008 020 ****61.25

DOCUMENT # N95000005176

1. Entity Name

OASIS MINISTRIES INTERNATIONAL, INC. OF TAMPA, FL

Principal Place of Business

Mailing Address

**10 SOUTHERN TRACE BLVD
 ORMOND BEACH FL 32174**

**10 SOUTHERN TRACE BLVD
 ORMOND BEACH FL 32174**

2. Principal Place of Business

6 Wilderness Run

Suite, Apt. #, etc.

3. Mailing Address

6 Wilderness Run

Suite, Apt. #, etc.

City & State

Flagler Beach, FL

Zip
32136

Country
USA

City & State

Flagler Beach, FL

Zip
32136

Country
USA

4. FEI Number

59-3357846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RALEY, JAMES D JR
 10 SOUTHERN TRACE BLVD
 ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name **Raley, James D Jr.**

Street Address (P.O. Box Number is Not Acceptable)
6 Wilderness Run

Flagler Beach

City

FL

Zip Code

32136

8. 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

James D Raley Jr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **RALEY, JAMES D JR**
 STREET ADDRESS **10 SOUTHERN TRACE BLVD**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **VPD** ☐ Delete
 NAME **RALEY, DAWN L**
 STREET ADDRESS **10 SOUTHERN TRACE BLVD**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **TD** ☐ Delete
 NAME **GREEN, KEVIN S**
 STREET ADDRESS **5 N. 17TH AVENUE**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **SD** ☐ Delete
 NAME **MCCOY, TROY T**
 STREET ADDRESS **255 W. WOODHAVEN CIRCLE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME *James D Raley Jr*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James D Raley Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 (386)439-5064
 Date Daytime Phone #

CR2E037 (9/01)