2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N95000005176

Entity Name: OASIS MINISTRIES INTERNATIONAL, INC. OF TAMPA, FL

Current Principal Place of Business:

6 WILDERNESS RUN
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

6 WILDERNESS RUN
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 59-3357846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RALEY, JAMES D JR
6 WILDERNESS RUN
FLAGLER BEACH, FL 32136 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:	RALEY, JAMES D JR	
Address:	10 SOUTHERN TRACE BLVD	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	VPD	( ) Delete
Name:	RALEY, DAWN L	
Address:	10 SOUTHERN TRACE BLVD	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	TD	( ) Delete
Name:	GREEN, KEVIN S	
Address:	5 N. 17TH AVENUE	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	SD	( ) Delete
Name:	MCCOY, TROY T	
Address:	255 W. WOODHAVEN CIRCLE	
City-St-Zip:	ORMOND BEACH, FL 32174	

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

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: JIM RALEY PRES 04/30/2004

Electronic Signature of Signing Officer or Director — Date