Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS"

DOCUMENT # N9600000583

Country

9. Name and Address of Current Registered Agent

25

PHILLIPS CARROLL SUR

1. Corporation Name

City & State

23

24

OASIS INTERNATIONAL MINISTRIES, INC.

Principal Place of Business	Mailing Address	
3150 NE 36TH AVE #275 OCALA FL 34479 US	3150 NE 36TH AVE #275 OCALA FL 34479 US	
Principal Place of Business 1	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State

28

29

Zip

FILED Feb 23, 1999 8:00 am § Secretary of State 02-23-1999 90013 035 ****70.00



3. Date Incorporated or Qualifed 01/31/1996 4: FEI Number

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

59-3479846

82 Street Address (P.O. Box Number is Not Acceptable)

	ONITIOE OUT		-	Ou out i	(darage (i. i.e. zamitama)				
3150 NE 3	BIT AVE		83						
#275					<u></u>	·			
OCALA FL	. 34479		84	City		L 85 Zip	Code		
							o rogistored		
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 Elorida 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.									
Carroll S. Phillips, Jr.									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
12.	OFFICERS AND DIRECTORS		13.	· · ·		Change			
TITLE	D	DELETE	1.1 TITLE		Director	☐ Change	X_X-totilon		
NAME	GIBBS, JOHN L		1.2 NAME		George Marvin	•			
STREET ADDRESS	3452 S.W. 18TH PLACE		1.3 STREET	ADDRESS	P.O. Box 953 N.A.				
CITY-ST-ZIP	OCALA FL 34474		1.4 CITY-\$1	r-Z!P	Sparr, F1. 32192				
TITLE	D	DELETE	2.1 TITLE		-	Change	☐ Addition		
NAME	PHILLIPS, CARROLL S JR.		2.2 NAME		•				
STREET ADDRESS	3150 NE 36TH AVE. #275		2.3 STREET	ADDRESS			ŀ		
CITY-ST-ZIP	OCALA FL 34479	•	2. 4 CITY-S	T-ZIP		<u> </u>			
TITLE	D	☐ DELETE	3.1 TITLE	1		☐ Change	☐ Addition		
NAME	PHILLIPS, BETTY A		3.2 NAME	ĺ					
STREET ADDRESS	3150 NE 36TH AVE, #275		3.3 STREET	ADDRESS			İ		
CITY-ST-ZIP	OCALA FL 34479		3.4. CITY-S	T-ZIP					
TITLE		DELETE	4.1 TITLE			Change	Addition		
NAME			4.2 NAME				ļ		
STREET ADDRESS			4.3 STREET	ADDRESS	•				
CITY+ST-ZiP			4.4 CITY-S	T-ZIP	•		1		
TITLE		DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME		. •				
STREET ADDRESS			5.3 STREET	ADDRESS			Į		
CITY-ST-ZIP			5.4 CITY+S	r-ŻIP			ŀ		
TITLE		DELETE	6.1 TITLE			Change	Addition		
NAME			6.2 NAME		,		ļ		
J			6.3 STREET	ADORESS					
STREET ADDRESS			6.4 CITY-S	l]		
CITY-ST-ZIP (0.4 01/11-0						

Country

81 Name

30

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 report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karroll S. Phillips, Jr.