

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004367

1. Entity Name

OASIS NEW LIFE MINISTRIES, INCORPORATED

FILED

00 MAY 10 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8687 INDIAN RIVER RUN
BOYNTON BEACH FL 33437

Mailing Address

8687 INDIAN RIVER RUN
BOYNTON BEACH FL 33437-2412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0853218

Applied For

Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MERKLE, WILLIAM R
1901 SOUTH CONGRESS AVENUE
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 BAHASH, KEVIN G
STREET ADDRESS 8687 INDIAN RIVER RUN
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE SD Delete
NAME BAHASH, ALICE M
STREET ADDRESS 8687 INDIAN RIVER RUN
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE TD Delete
NAME BLACKWELL, DAVID
STREET ADDRESS 3230 SEAGRAPE ROAD
CITY-ST-ZIP LANTANA FL 33462

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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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: KSUNBALURE R KOUNGER BAHASH

4/3/2000 561 731-1631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

0046004