

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000001148

FILED
Nov 22, 2008
Secretary of State

Entity Name: OASIS OF LOVE DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

4723 N.W. 183RD STREET
MIAMI, FL 33055

New Principal Place of Business:

285 NW 199TH STREET
MIAMI, FL 33169

Current Mailing Address:

17640 NW 12TH AVENUE
MIAMI, FL 33169

New Mailing Address:

285 NW 199TH STREET
MIAMI, FL 33169

FEI Number: 65-0895837 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TROY, IRIS
17640 NW 12TH AVE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

TROY, IRIS J
17640 NW 12TH AVE
MIAMI, FL 33169 US

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: IRIS TROY

11/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: TROY, IRIS J
Address: 17640 NW 12TH AVE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: HANSON, OVIDA
Address: 19131 NW 35TH AVE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: HARRIS, KENYATTA
Address: 17640 NW 12TH AVENUE
City-St-Zip: MIAMI, FL 33169

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: IRIS J. TROY

ED

11/22/2008

Electronic Signature of Signing Officer or Director

Date