2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2000 8:00 am Secretary of State DOCUMENT # N99000002777 OASIS MINISTRIES OF CENTRAL FLORIDA, INCORPORATE 04-21-2000 90033 007 ****70.00 Principal Place of Business Mailing Address 7316 HIGHLAND GROVE DRIVE 7316 HIGHLAND GROVE DRIVE LAKELAND FL 33810-4406 LAKELAND FL 33810 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-358269<u>7</u> Not Applicable Country Zip Country \$8.75 Additional ■5._Certificate of Status Desired === Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Bradney, Norman C Rev. 7316 HIGHLAND GROVE DRIVE LAKELAND FL 33810 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE NORMAN C. BRADNEY NAME NAME 7316 Highland Gr. Dr. STREET ADDRESS STREET ADDRESS Lakeland FL 33810 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F M. BRADNEY NAME NAME Highland Gr. Dr 7316 STREET ADDRESS STREET ADDRESS FL 33810 Lakelna CITY-ST-ZIP CITY-ST-ZIP ☐ Change -Addition ☐ Delete TITLE B. ROBERT ARNOLD NAME NAME 7208 FOX CHASE DR. STREET ADDRESS STREET ADDRESS LAKELAND. FL 33810 CITY-ST-7IP CITY-ST-ZIP D ☐ Change Addition ☐ Delete TITLE TITLE MARY AND ARNOLD NAME 7208 Fox Chase Dr STREET ADDRESS STREET ADDRESS Lakeland FC 33810 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Deborah Tsokes NAME NAME 1202 Parilla De AVILA STREET ADDRESS STREET ADDRESS AMPA FL 33613 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR