1/20/00-90144-001-$8.75-$8.75 * 1/20/00-90144-002-$61.25-$61.25

1/20/
* 1/2

FILED
May 24, 2000 8:00 am
Secretary of State

01-20-2000 90144 001 *****8.75
01-20-2000 90144 002 ****61.25

DOCUMENT # N99000003456

1. Entity Name

IGLESIA OASIS DE JESUS INC.

Principal Place of Business	Mailing Address
1109 SE 15 STREET CAOE CORAL FL 33909	1109 SE 15 STREET CAOE CORAL FL 33990-3756

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4720 SE 15th Ave.	
Suite, Apt. #, etc. 213-214	Suite, Apt. #, etc.
City & State Cape Coral Fl.	City & State
Zip 33904	Zip
Country U.S.	Country

4. FEI Number 65-0933069 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANZANO, HECTOR 1109 SE 15 STREET CAOE CORAL FL 33909	Name: Alicia Manzano (Pastor) Street Address (P.O. Box Number is Not Acceptable): 4720 SE. 15th Ave. Suite 213-214 City: Cape Coral FL Zip Code: 33904

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: X Hector Manzano (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 02-29-00

FILE NOW: FEE IS $51.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Treasurer, DIRECTOR Hector Manzano 1109 SE 15th St. Cape Coral FL 33990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition President, DIRECTOR Alicia Manzano 1109 SE. 15th st. Cape Coral FL 33990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Secretary, DIRECTOR Miana Lowerman 1631 SE 20th Lane Cape Coral FL 33990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: X Alicia M. Manzano 1/7/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #