

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003456

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: IGLESIA OASIS DE JESUS INC.

## Current Principal Place of Business:

4712 SE 15TH AVE  
CAPE CORAL, FL 33904

## New Principal Place of Business:

4712 SE 15TH AVE  
CAPE CORAL, FL 33904

## Current Mailing Address:

1109 SE 15 STREET  
CAPE CORAL, FL 33990

## New Mailing Address:

FEI Number: 65-0933069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MANZANO, HECTOR J  
1109 SE 15TH ST  
CAPE CORAL, FL 33990      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: MANZANO, HECTOR  
Address: 1109 SE 15TH ST.  
City-St-Zip: CAPE CORAL, FL 33990

Title: PD ( ) Delete  
Name: MANZANO, ALICIA  
Address: 1109 SE 15TH ST.  
City-St-Zip: CAPE CORAL, FL 33990

Title: VD ( ) Delete  
Name: ALE, OMAR  
Address: 902 SE 31 STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete  
Name: LIVERMON, MIRNA  
Address: 1000 SW 54TH LANE  
City-St-Zip: CAPE CORAL, FL 33914

Title: ASD (X) Delete  
Name: ALE, SANDRA  
Address: 1106 SE 15TH ST  
City-St-Zip: CAPE CORAL, FL 33990

Title: ASD ( ) Delete  
Name: MALDONADO, PLACIDA  
Address: 2113 SW 28TH LANE  
City-St-Zip: CAPE CORAL, FL 33914

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: ALE, OMAR  
Address: 1106 SE 15TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: SD (X) Change ( ) Addition  
Name: ALE, SANDI  
Address: 1106 SE 15TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

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: ALICIA MANZANO

PD

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date