


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

06-01-2005 90016 043 \*\*\*\*66.25

<b>DOCUMENT # N99000004175</b>		
1. Entity Name <b>IGLESIA CRISTIANA OASIS DE AMOR, INC.</b>		

Principal Place of Business <b>2630 BUTKUS RD. AVON PARK FL 33825</b>	Mailing Address <b>P.O. BOX 509 AVON PARK FL 33825</b>
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2. Principal Place of Business <b>105 John St.</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State <b>Frostproof, Fl.</b>	City & State
Zip <b>33843</b>	Country <b>Polk.</b>

4. FEI Number <b>65-0943745</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HIGGINBOTTOM, DAVID B 101 E. WALL ST. FROSTPROOF FL 33843</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENCARNACION, CIRILO <input type="checkbox"/> Delete 2630 BUTKUS RD AVON PARK FL 33826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cirilo Encarnacion <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2719 joliet Rd. Avon Park, Fl. address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAGAN, MARIA <input checked="" type="checkbox"/> Delete 134 WOODSTACK WAY FROSTPROOF FL 33843	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Luz Maria Martines <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 316 Lakeside Park. Avon Park, Fl. 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD KIILAN, SARAH <input type="checkbox"/> Delete 2630 BATKUS RD AVON PARK FL 33826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Sarah Kuilan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2719 Joliet Rd. Avon Park, Fl. address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBLES, BASILISA <input checked="" type="checkbox"/> Delete 275 MADERA RD AVON PARK FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Antonio Maldonado <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 Selz Ave. Avon Park, Fl. 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Rev. Cirilo Encarnacion* **Rev. Cirilo Encarnacion** 5/24/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #