

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000004175

FILED
Oct 25, 2006
Secretary of State

Entity Name: IGLESIA CRISTIANA OASIS DE AMOR, INC.

Current Principal Place of Business:

105 JOHN ST
FROSTPROOF, FL 33843

New Principal Place of Business:

100 W FROSTPROOF BAPTIST CHURCH RD
FROSTPROOF, FL 33843

Current Mailing Address:

P.O. BOX 509
AVON PARK, FL 33825

New Mailing Address:

P.O. BOX 30
AVON PARK, FL 33825

FEI Number: 65-0943745 **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:

HIGGINBOTTOM, DAVID B
101 E. WALL ST.
FROSTPROOF, FL 33843 US

Name and Address of New Registered Agent:

CRUZ, MINERVA
407 ABBOT ST
AVON PARK, FL 33825 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: MINERVA CRUZ

10/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENCARNACION, CIRILO
Address: 2630 BUTKUS RD
City-St-Zip: AVON PARK, FL 33826

Title: PD () Delete
Name: ENCARNACION, CIRILO
Address: 2719 JOLIET RD
City-St-Zip: AVON PARK, FL

Title: ASD () Delete
Name: KUILAN, SARAH
Address: 2719 JOLIET RD
City-St-Zip: AVON PARK, FL 33826

Title: SD (X) Delete
Name: MARTINES, LUZ MARIA
Address: 316 LAKESIDE PARK
City-St-Zip: AVON PARK, FL 33825

Title: TD (X) Delete
Name: MALDONADO, ANTONIO
Address: 111 SELZ AVE
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KUILAN, SARAH
Address: 2719 JOLIET RD
City-St-Zip: AVON PARK, FL 33825

Title: S (X) Change () Addition
Name: JODOUIN, MARIA
Address: 150 WOODSTORK WAY
City-St-Zip: FROSTPROOF, FL 33843 US

Title: T (X) Change () Addition
Name: ROBLES, BASILISA
Address: 274 MADERA RD
City-St-Zip: AVON PARK, FL 33825 US

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 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: SARA KUILAN

PD

10/25/2006

Electronic Signature of Signing Officer or Director

Date