2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am Secretary of State DOCUMENT # N99000004175 04-28-2003 91503 017 ****61.25 iglesia cristiana oasis de amor, inc. Mailing Address Principal Place of Business 2630 BUTKUS RD. P.O. BOX 509 **AVON PARK FL 33825** AVON PARK FL 33825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0943745 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent -HIGGINBOTTOM, DAVID B Street Address (P.O. Box Number is Not Acceptable) 101 E. WALL ST. FROSTPROOF FL 33843 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Change Addition NAME ENCARNACION, CIRILO NAME STREET ADDRESS 2630 BUTKUS RD STREET ADDRESS CITY-ST-ZIP **AVON PARK FL 33826** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PAGAN, MARIA NAME STREET ADDRESS 134 WOODSTACK WAY STREET ADDRESS CITY-ST-ZIP FROSTPROOF FL 33843 CITY=ST±ZIP **ASD** Delete ☐ Addition KIILAN, SARAH NAME NAME STREET ADDRESS 2630 BATKUS RD STREET ADDRESS CITY-ST-ZIP **AVON PARK FL 33826** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROBLES, BASILISA NAME NAME STREET ADDRESS 275 MADERA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825 ☐ Delete TITLE TITLE ☐ Change Maddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

/26/03-865-453-2583