

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 04, 2008  
Secretary of State**

DOCUMENT# 734795

**Entity Name:** OASIS CHRISTIAN FELLOWSHIP CHURCH OF NEW PORT RICHEY INCORPORATED

**Current Principal Place of Business:**

6915 SHADY ACRES BLVD.  
NEW PORT RICHEY, FL 346533120

**New Principal Place of Business:**

**Current Mailing Address:**

6915 SHADY ACRES BLVD.  
NEW PORT RICHEY, FL 346533120 US

**New Mailing Address:**

FEI Number: 59-1724593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUSICARO, ANGELO  
8600 HUNTING SADDLE DR.  
BAYONET POINT, FL 34667 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: PD ( ) Delete  
Name: MUSICARO, ANGELO  
Address: 8600 HUNTING SADDLE DR.  
City-St-Zip: BAYONET POINT, FL 34667

Title: SD ( ) Delete  
Name: MUSICARO, PAULA M  
Address: 8600 HUNTING SADDLE DR.  
City-St-Zip: BAYONET POINT, FL 34667

Title: TD ( ) Delete  
Name: COSTA, ELIZABETH M  
Address: 8600 HUNTING SADDLE DR  
City-St-Zip: BAYONET POINT, FL 346672523

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ELIZABETH M.COSTA

TD

01/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date