

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 16, 2009
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

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date