



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/27/2005-90051-023-\$70.00-\$70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 PM 1:47

DOCUMENT # N96000000583 1. Entity Name OASIS INTERNATIONAL MINISTRIES, INC.					
Principal Place of Business P O BOX 1824 BRONSON, FL 32621 US		Mailing Address P O BOX 1824 BRONSON, FL 32621 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3479846	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS, CARROLL S JR. 150 COURT STRRET BRONSON, FL 32621-1824				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 <i>Carroll S. Phillips, Jr.</i> <small>Signature, typed or printed name of registered agent and the # applicable</small>		 <small>(NOTE: Registered Agent signature required when registering)</small>		1/22/05 <small>DATE</small>	
Filing Fee is \$61.25 Duo by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, CARROLL S JR. 3150 NE 36TH AVE, #275 Ocala, FL 34479	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, CARROLL S JR. 150 COURT ST. BRONSON, FL 32621	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, BETTY A 3150 NE 36TH AVE, #275 Ocala, FL 34479	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, BETTY A. 150 COURT ST. BRONSON, FL 32621	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARDIN, GEORGE PO BOX 414 SPARR, FL 32192	<input checked="" 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	D GUNTER, KATHY P 8949 160 ST MC ALPIN, FL 32062	<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
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 empowers.					
SIGNATURE: <i>Carroll S. Phillips, Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/22/05 (352) 486-2324 <small>Date Daytime Phone #</small>	



01182005 Chg-NP CR2E037 (10/03)