


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000583 (2)**

1. Corporation Name  
**OASIS INTERNATIONAL MINISTRIES, INC.**



Principal Place of Business <b>2395 NE 95TH STREET ANTHONY FL 32617</b>	Mailing Address <b>POST OFFICE BOX 96 ANTHONY FL 32617</b>
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3. Date Incorporated or Qualified <b>01/31/1996</b>	
4. FEI Number <b>EIN-59-3479846</b> <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 3150 N.E. 36th Ave - #275</b>	2a. Mailing Address <b>26 same as #2</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Ocala, Fl.</b>	City & State <b>28</b>
Zip <b>24 34479</b>	Country <b>25 USA</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PHILLIPS, CARROLL S JR.**  
**2395 NE 95TH STREET**  
**ANTHONY FL 32617**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Carroll S. Phillips, Jr.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**3150 N.E. 36th Avenue - Box 275**  
**83**  
**84 City**  
**Ocala**  
**FL**  
**85 Zip Code**  
**34479**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Carroll S. Phillips, Jr./Reg. Agent** *Carroll S. Phillips, Jr.* DATE **3/4/98**

12. OFFICERS AND DIRECTORS		
TITLE <b>D</b>	<b>GIBBS, JOHN L</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>5858 NW 80TH AVENUE ROAD</b>	
STREET ADDRESS	<b>OCALA FL 34482</b>	
CITY-ST-ZIP		
TITLE <b>D</b>	<b>PHILLIPS, CARROLL S JR.</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>2395 NE 95TH STREET</b>	
STREET ADDRESS	<b>ANTHONY FL 32617</b>	
CITY-ST-ZIP		
TITLE <b>D</b>	<b>PHILLIPS, BETTY A</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>2395 NE 95TH STREET</b>	
STREET ADDRESS	<b>ANTHONY FL 32617</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME <b>GIBBS, JOHN L.</b>		
1.3 STREET ADDRESS <b>3452 S.W. 18th Place</b>		
1.4 CITY-ST-ZIP <b>Ocala, Fl. 34474</b>		
2.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME <b>PHILLIPS, CARROLL S. JR.</b>		
2.3 STREET ADDRESS <b>3150 NE, 36th Avenue - #275</b>		
2.4 CITY-ST-ZIP <b>Ocala, Fl. 34479</b>		
3.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME <b>PHILLIPS, BETTY A.</b>		
3.3 STREET ADDRESS <b>3150 N.E. 36th Avenue - #275</b>		
3.4 CITY-ST-ZIP <b>Ocala, Fl. 34479</b>		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Carroll S. Phillips, Jr./Director** *Carroll S. Phillips, Jr.* Date **3/4/98** 352/732-4906

CR2E037 (10/97)