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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90013 035 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000583

1. Corporation Name
OASIS INTERNATIONAL MINISTRIES, INC.

Principal Place of Business 3150 NE 36TH AVE #275 OCALA FL 34479 US	Mailing Address 3150 NE 36TH AVE #275 OCALA FL 34479 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/31/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3479846
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PHILLIPS, CARROLL S JR.
 3150 NE 36TH AVE
 #275
 Ocala FL 34479

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.* **Carroll S. Phillips, Jr.** DATE 1/5/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBS, JOHN L	
STREET ADDRESS	3452 S.W. 18TH PLACE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, CARROLL S JR.	
STREET ADDRESS	3150 NE 36TH AVE, #275	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, BETTY A	
STREET ADDRESS	3150 NE 36TH AVE, #275	
CITY-ST-ZIP	OCALA FL 34479	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George Marvin	
1.3 STREET ADDRESS	P.O. Box 953 N.A.	
1.4 CITY-ST-ZIP	Sparr, FL. 32192	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: *Carroll S. Phillips, Jr.* **Carroll S. Phillips, Jr.** DATE 1/5/99 Daytime Phone # 352/629-3125

CR2E037 (11/98)