


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

PS 1882


<b>DOCUMENT # N96000000583</b> 1. Entity Name <b>OASIS INTERNATIONAL MINISTRIES, INC.</b>		
Principal Place of Business <b>3150 NE 36TH AVE #275 OCALA FL 34479 US</b>	Mailing Address <b>3150 NE 36TH AVE #275 OCALA FL 34479 US</b>	
2. Principal Place of Business <b>Bronson, Florida</b>	3. Mailing Address <b>P.O. Box 1824</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State <b>Bronson, Fl.</b>	
Zip	Country	Zip <b>32621</b>
Country	Country <b>Levy</b>	

FILED

05 JAN 18 AM 11:27

REINSTATEMENT


SECRETARY



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3479846</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PHILLIPS, CARROLL S JR. 150 COURT STRET BRONSON FL 32621-1824</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	

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:  DATE: **12/23/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PHILLIPS, CARROLL S JR. 3150 NE 36TH AVE, #275 OCALA FL 34479</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10004367586 12/28/04--01043--007 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PHILLIPS, BETTY A 3150 NE 36TH AVE, #275 OCALA FL 34479</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>MARVIN, GEORGE PO BOX 414 SPARR FL 32192</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GUNTER, KATHY P 8949 180 ST. MC ALPIN FL 32062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <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	D <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 empowered.

**SIGNATURE:** Carroll S. Phillips, Jr.  **12/23/04 (352)486-2324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

