SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -7 AM 10:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N94000001629 (4)**

1. Corporation Name
OASIS CHRISTIAN FELLOWSHIP CENTER, INC.

Principal Place of Business	Mailing Address
6120 SW 19 ST. N. LAUDERDALE FL 33068	6120 SW 19 ST. N. LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report:
4. FEI Number: 65 077482 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.: 6120 S.W 19th St	27 Suite, Apt. #, etc.: 6120 S.W 19th St
23 City & State: North Laud.	28 City & State: North Lauderdale
24 Zip: 33068 25 County: BROWARD	29 Zip: 33068 30 County: BROWARD

9. Name and Address of Current Registered Agent

MCCLOVER, CATHY
6120 SW 19 ST.
N. LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

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

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: Cathy McClover President — DATE: 8/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MCCLOVER, CATHY	12 NAME	
STREET ADDRESS	6120 SW 19 ST.	13 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition Correction
NAME	BARFIELD, LYNN	22 NAME	
STREET ADDRESS	4062 DRENTON AVE.	23 STREET ADDRESS	4062 Trenton Ave
CITY-ST-ZIP	COOPER CITY FL 33328	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GREEN, PEARL	32 NAME	
STREET ADDRESS	3020 SW 1 ST	33 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33312	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PARRISH, ELIZABETH	42 NAME	
STREET ADDRESS	4931 SW 19 ST.	43 STREET ADDRESS	
CITY-ST-ZIP	W. HOLLYWOOD FL 33023	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Cathy McClover — Cathy McClover — 8/1/95 — (305) 969-0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007001