

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001629 (4)

1. Corporation Name

OASIS CHRISTIAN FELLOWSHIP CENTER, INC.



Principal Place of Business

Mailing Address

6120 SW 19TH ST
N LAUDERDALE FL 33068
US

6120 SW 19 ST.
N. LAUDERDALE FL 33068

3. Date Incorporated or Qualified

04/01/1994

3a. Date of Last Report

08/07/1995

2. Principal Place of Business

2a. Mailing Address

21 7619 DAVIE ROAD EXT

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

City & State

City & State

23 HOLLYWOOD FLA

28

Zip

Country

Zip

Country

24 33024

25

BROWARD

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MCCLOVER, CATHY
STREET ADDRESS 6120 SW 19 ST.
CITY-ST-ZIP N. LAUDERDALE FL 33068

TITLE D ☐ DELETE

NAME BARFIELD, LYNN
STREET ADDRESS 4062 TRENTON AVE
CITY-ST-ZIP COOPER CITY FL

TITLE D ☐ DELETE

NAME GREEN, PEARL
STREET ADDRESS 3020 SW 1 ST
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE D ☐ DELETE

NAME PARRISH, ELIZABETH
STREET ADDRESS 4931 SW 19 ST.
CITY-ST-ZIP W. HOLLYWOOD FL 33023

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

(954) 969-0433

Daytime Phone #

CR2E037 (12/95)