

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 10 1997 8:00am  
Secretary of State

DOCUMENT # N94000001629 (4)

1. Corporation Name

OASIS CHRISTIAN FELLOWSHIP CENTER, INC.

Principal Place of Business

Mailing Address

7619 DAVIE ROAD EXT  
HOLLYWOOD FL 33024  
US

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  
05/01/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6120 SW 19th St

2a. Mailing Address

Suite, Apt. #, etc.

22 North Lauderdale

Suite, Apt. #, etc.

City & State

23

City & State

Zip

24 33068

Country

25 Broward

Zip

26

Country

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

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

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

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

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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

SIGNATURE REQUIRED

Cathy McClover

8-25-97

9541973-2326

CR2E037 (4/97)