FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9400001629

1. Corporation Name

OASIS CHRISTIAN FELLOWSHIP CENTER, INC.

Principal Place of Business

Mailing Address

2.

NO. US

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90109 034 ****61.25

20 SW 19TH ST RTH LAUDERDALE FL 33068	6120 SW 19 ST. N. LAUDERDALE FL 33068	
Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualifed Od/O1/1004

21			26			04/01/1994				
	Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. FEI Number Applied For				
22		and the second second	27.	er and the second		APPLIED FOR Not Applicable				
22	City & State		28	City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required				
23	Zip	Country 25	29	Zip C	ountry	9 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
24		and Address of Current R			10. Name and Address of New Registered Agent					
					81					
	MCCLOVER, CATHY 6120 SW 19 ST.				82	82 Street Address (P.O. Box Number is Not Acceptable)				
	N. LAUDERDALE FL.	33068			83	3				
					84	4 City El 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	<u> </u>			7	DATE		
	Signature, typed or printed name of registered agent and title if				ND DIDECTOR	20 INI 12	
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHAP	NGES TO UFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MCCLOVER, CATHY		1.2 NAME				
STREET ADDRESS	6120 SW 19 ST.		1.3 STREET ADDRESS				1
CITY-ST-ZIP	N. LAUDERDALE FL 33068		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	BARFIELD, LYNN		2.2 NAME				
STREET ADDRESS	4062 TRENTON AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	COOPER CITY FL		2. 4 CITY-ST-ZIP	<u> </u>			
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	GREEN, PEARL		3.2 NAME				
STREET ADDRESS	3020 SW 1 ST		3.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		3.4. CITY-ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	PARRISH, ELIZABETH		4. 2 NAME				
STREET ADDRESS	4931 SW 19 ST.		4.3 STREET ADDRESS				•
CITY-ST-ZIP	W. HOLLYWOOD FL 33023		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAMÉ				
STREET ADDRESS	•		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		·	Change	Addition
NAME		•	6.2 NAME	•	· ·		
STREET ADORESS		7	6.3 STREET ADDRESS				
CITY-ST-ZIP			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, aron an attachment with an address, with all other like empowered.

SIGNATURE: