

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000001629

1. Entity Name
OASIS CHRISTIAN FELLOWSHIP CENTER, INC.



Principal Place of Business
6120 SW 19TH ST
NORTH LAUDERDALE, FL 33068 US

Mailing Address
6120 SW 19 ST.
N. LAUDERDALE, FL 33068



02102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000058142
02/20/04-80018-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathy McClover
President

2/17/04

954 968-1132

Date

Daytime Phone #