

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001629

FILED  
Mar 14, 2006  
Secretary of State

**Entity Name:** OASIS CHRISTIAN FELLOWSHIP CENTER, INC.

**Current Principal Place of Business:**

6120 SW 19TH ST  
NORTH LAUDERDALE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

6120 SW 19 ST.  
N. LAUDERDALE, FL 33068

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCCLOVER, CATHY  
Address: 6120 SW 19 ST.  
City-St-Zip: N. LAUDERDALE, FL 33068

Title: D ( ) Delete  
Name: BARFIELD, LYNN  
Address: 4062 TRENTON AVE  
City-St-Zip: COOPER CITY, FL

Title: D ( ) Delete  
Name: GREEN, PEARL  
Address: 3020 SW 1 ST  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: PARRISH, ELIZABETH  
Address: 4931 SW 19 ST.  
City-St-Zip: W. HOLLYWOOD, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY MCCLOVER

PRES

03/14/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date