2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N94000001629

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 (X) 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: D (X) Change ( ) Addition
Name: MCCLOVER, DARRELL
Address: 6120 SW 19TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

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 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 04/30/2008

Electronic Signature of Signing Officer or Director — Date