


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000005810 (3)			
1. Corporation Name CHRIST FAITH CHURCH OASIS MINISTRIES CENTER OF A MERICA, INC			
Principal Place of Business 3890 NW 167TH STREET OPA-LOCKA FL 33054		Mailing Address 3890 NW 167TH STREET OPA-LOCKA FL 33054	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10/15/1997		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent OSOKOYA, CORNELIUS 634 NW 179TH STREET MIAMI FL 33189		10. Name and Address of New Registered Agent 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: <u><i>[Signature]</i></u> PASTOR (DIRECTOR) (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE NAME OSOKOYA, CORNELIUS A STREET ADDRESS 634 NW 179TH STREET CITY-ST-ZIP MIAMI FL 33189		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE NAME OLOWODOLA, EMMANUEL STREET ADDRESS 20420 NW 29TH PLACE CITY-ST-ZIP MIAMI FL 33056		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME DIRECTOR, FRANK ADETU 2.3 STREET ADDRESS 8217 N.W. 194 TERR. 2.4 CITY-ST-ZIP MIAMI, FLA. 33015	
TITLE D <input checked="" type="checkbox"/> DELETE NAME AKINBIYI, SUNDAY STREET ADDRESS 18542 NW 23RD COURT CITY-ST-ZIP MIAMI FL 33056		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME DIRECTOR, DAVID B. OKON 3.3 STREET ADDRESS 20440 N.E. 15TH AVE. 3.4 CITY-ST-ZIP N. MIAMI BEACH, FLA. 33179-5106	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME DIRECTOR ALICE AINA 4.3 STREET ADDRESS 7717 ALHAMBRA BLVD. 4.4 CITY-ST-ZIP MIRAMA, FLA. 33023	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, or on an attachment with an address.			
SIGNATURE: <u><i>[Signature]</i></u> CORNELIUS A. OSOKOYA		305-652-7289	

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