

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005810

1. Entity Name

CHRIST FAITH CHURCH OASIS MINISTRIES CENTER OF A

Principal Place of Business

3890 NW 167TH STREET
OPA-LOCKA FL 33054

Mailing Address

3890 NW 167TH STREET
OPA-LOCKA FL 33054
P.O. Box 551636
OPA-LOCKA, FL 33055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0787505

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSOKOYA, CORNELIUS
634 NW 179TH STREET
MIAMI FL 33169

5641 WASHINGTON STR.
APT # 110 H
HOLLYWOOD, FL 33023

Name

CORNELIUS A. OSOKOYA

Street Address (P.O. Box Number is Not Acceptable)

5641 WASHINGTON STR. # 110 H

City

HOLLYWOOD

FL

Zip Code

33023

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.

SIGNATURE

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

DATE Registered Agent signature required when reinstating

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME OSOKOYA, CORNELIUS A
STREET ADDRESS 634 NW 179TH STREET
CITY-ST-ZIP MIAMI FL 33169

TITLE D ☐ Delete
NAME ADETH, FRANK
STREET ADDRESS 8217 NW 194TH TERR
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☐ Delete
NAME OKON, DAVID B
STREET ADDRESS 20440 NE 15TH AVE
CITY-ST-ZIP N MIAMI BEACH FL 33179-5106

TITLE D ☐ Delete
NAME AINA, ALICE
STREET ADDRESS 7717 ALHAMBRA BLVD
CITY-ST-ZIP MIRAMA FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Date

Daytime Phone #

09-24-00 954-984-4747

FILED
00 DEC -1 PM 11:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA



511/00 90410010 \$6200

DO NOT WRITE IN THIS SPACE

APPLIED FOR

0004235

CR2E037 (5/00)

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