

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90087 012 ****70.00

424639



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000005810

1. Entity Name

**CHRIST FAITH CHURCH OASIS MINISTRIES CENTER OF A
MERICA, INC**

Principal Place of Business

Mailing Address

**3890 NW 167TH STREET
OPA-LOCKA FL 33054****P.O. BOX 551636
OPA-LOCKA FL 33855**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0787505

Applied For

Not Applicable

Zip

Country

Zip

Country

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
5641 WASHINGTON STR. #110H
HOLLYWOOD FL 33823**

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **OSOKOYA, CORNELIUS A**
STREET ADDRESS **634 NW 179TH STREET**
CITY-ST-ZIP **MIAMI FL 33169**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ADETH, FRANK**
STREET ADDRESS **8217 NW 194TH TERR**
CITY-ST-ZIP **MIAMI FL 33015**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **OKON, DAVID B**
STREET ADDRESS **20440 NE 15TH AVE**
CITY-ST-ZIP **N MIAMI BEACH FL 33179-5106**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **AINA, ALICE**
STREET ADDRESS **7717 ALHAMBRA BLVD**
CITY-ST-ZIP **MIRAMA FL 33023**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED****02/24/02**

Date Daytime Phone #

CR2E037 (9/01)