

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90301 034 \*\*\*\*70.00

**DOCUMENT # N97000005810**

1. Entity Name  
**CHRIST FAITH CHURCH OASIS MINISTRIES CENTER OF  
AMERICA, INC**



Principal Place of Business  
**3890 NW 167TH STREET  
OPA-LOCKA, FL 33054**

Mailing Address  
**P.O. BOX 551636  
OPA-LOCKA, FL 33855**



04102005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**OSOKOYA, CORNELIUS  
7800 LASALLE BLVD.  
MIRAMAR, FL 33023**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	OSOKOYA, CORNELIUS A
STREET ADDRESS	7800 LA SALLE BLVD. 7800 LA SALLE BLVD
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D
NAME	ADETH, FRANK
STREET ADDRESS	8217 NW 194TH TERR
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D
NAME	OKON, DAVID B
STREET ADDRESS	20440 NE 15TH AVE
CITY-ST-ZIP	N MIAMI BEACH, FL 331795106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 #

04-17-05.