2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005810

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

Principal Place of Business	Mailing Address
3890 NW 167TH STREET OPA-LOCKA, FL 33054	P.O. BOX 551636 OPA-LOCKA, FL 33055

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04032006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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
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 331795108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80128-024 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 04-10-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/06