

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

01-31-2007 90037 049 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0787505	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OSOKOYA, CORNELIUS 7800 LASALLE BLVD. MIRAMAR, FL 33023			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D NAME OSOKOYA, CORNELIUS A STREET ADDRESS 7800 LA SALLE BLVD CITY-ST-ZIP MIRAMAR, FL 33023	<input type="checkbox"/> Delete CHAIRMAN				
TITLE D NAME ADETH, FRANK STREET ADDRESS 8217 NW 184TH TERR CITY-ST-ZIP MIAMI, FL 33015	<input type="checkbox"/> Delete SECRETARY				
TITLE D NAME OKON, DAVID B STREET ADDRESS 20440 NE 15TH AVE CITY-ST-ZIP N MIAMI BEACH, FL 331795106	<input type="checkbox"/> Delete DIRECTOR				
TITLE D NAME VICTOR DUROSOMO STREET ADDRESS 1881 SW 164TH AVE CITY-ST-ZIP MIRAMAR, FL 33027	<input type="checkbox"/> Delete DIRECTOR				
TITLE D NAME OSOKOYA MARIAN STREET ADDRESS 7800 LA SALLE BLVD CITY-ST-ZIP MIRAMAR, FL 33023	<input type="checkbox"/> Delete DIRECTOR				
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: _____ CORNELIUS OSOKOYA 01-28-07					