

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001778

Entity Name: OASIS OF HOPE FOUNDATION, INC.**Current Principal Place of Business:**C/O CALVARY ASSEMBLY
1199 CLAY STREET
WINTER PARK, FL 32789**Current Mailing Address:**C/O CALVARY ASSEMBLY
1199 CLAY STREET
WINTER PARK, FL 32789**FEI Number: 16-1630704****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COOPER, CHARLES L
345 E LAKE AVE
LONGWOOD, FL 32750 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	TAYLOR, DAVID REV
Address	C/O CALVARY ASSEMBLY 1199 CLAY STREET
City-State-Zip:	WINTER PARK FL 32789

Title	VPD
Name	SCONNELLY, CARL MR
Address	400 ALTON ROAD APT. 803
City-State-Zip:	MIAMI BEACH FL 33139-6736

Title	DIRECTOR
Name	COUCH, MARVIN
Address	1705 VAN ARSDALE ST.
City-State-Zip:	OVIEDO FL 32765-7723

Title	DIRECTOR
Name	VALENZUELA, PHIL
Address	8850 PINE BAY CT.
City-State-Zip:	ORLANDO FL 32825

Title	D
Name	COOPER, CHARLES L
Address	345 E. LAKE AVE.
City-State-Zip:	LONGWOOD FL 32750

Title	D
Name	CHERYL, COPE
Address	1297 BLESSING ST.
City-State-Zip:	MAITLAND FL 32751-4260

Title	DIRECTOR
Name	ZAMORA, ANDERSON
Address	514 HARBOR WINDS CT.
City-State-Zip:	WINTER SPRINGS FL 32708

Title	DIRECTOR, SECRETARY
Name	VALENZUELA, DEBORAH
Address	8850 PINE BAY CT.
City-State-Zip:	ORLANDO FL 32825

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES LEAMON COOPER**DIRECTOR/TREASURER****01/14/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FLOYD, ERIC V
Address 518 N. LAKEMOUNT AVE.
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name REDDEN, SAMIRA
Address 337 CELLO CIRCLE
City-State-Zip: WINTER SPRINGS FL 32708