

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002938

Entity Name: OASIS OF HOPE COMMUNITY DEVELOPMENT CORPORATION, INC.**Current Principal Place of Business:**50 N.E. 1ST STREET
POMPANO BEACH, FL 33060**Current Mailing Address:**50 N.E. 1ST STREET
POMPANO BEACH, FL 33060**FEI Number: 80-0388452****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SIMMONS, EUGENE
19511 NW 24TH AVENUE
MIAMI GARDENS, FL 33056 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: EUGENE SIMMONS****02/21/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	ZIMET, DAVID DR.
Address	5901 CAMINO DEL SOL #101
City-State-Zip:	BOCA RATON FL 33433

Title	D
Name	WILLIAMS, CHERYL
Address	3598 NW 14TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	D
Name	SIMMONS, EUGENE N
Address	100 SE 2ND STREET
City-State-Zip:	MIAMI FL 33131

Title	P
Name	REED, JACQUELINE
Address	501 NW 21ST TERR
City-State-Zip:	FT LAUDERDALE FL 33311

Title	BOARD
Name	NIGATI, MARY
Address	401 N. ROSEMARY AVENUE
City-State-Zip:	WEST PALM BEACH FL 33401

Title	BOARD OF DIRECTOR
Name	AIKEN, PAMELA
Address	3080 NW 24TH COURT
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	DIRECTOR
Name	WILLIAMS, JACQUELINE
Address	1582 NW 4TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33060

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: JACQUELINE REED**PRESIDENT****02/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date