

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002938

Entity Name: OASIS OF HOPE COMMUNITY DEVELOPMENT CORPORATION, INC.**FILED**
Jan 16, 2025
Secretary of State
0479997324CC**Current Principal Place of Business:**600 SW 3RD STREET
2290
POMPANO BEACH, FL 33060**Current Mailing Address:**600 SW 3RD STREET
2290
POMPANO BEACH, FL 33060 US**FEI Number: 80-0388452****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**REED-STILLS, JACQUELINE
600 SW 3RD STREET
SUITE 2290
POMPANO BEACH, FL 33060 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: JACQUELINE REED-STILLS****01/16/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	DIRECTOR
Name	WILCOX, MICHELLE
Address	SW 18 STREET
City-State-Zip:	PLANTATION FL 33317

Title	DIRECTOR
Name	BOONE, MELISSA
Address	NW 5TH WAY
City-State-Zip:	POMPANO BEACH FL 33060

Title	P
Name	REED STILLS, JACQUELINE
Address	600 SW 3RD STREET 2290
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	MORRISON, BETH-ANN
Address	OVERLOOK DRIVE
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	DIRECTOR
Name	HIGGINS, CHERYLE
Address	350 EAST LAS OLAS BLVD 1500
City-State-Zip:	FORT LAUDERDALE FL 33301

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 STILLS**EXECUTIVE DIRECTOR****01/16/2025**

Electronic Signature of Signing Officer/Director Detail

Date