

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90118 005 \*\*\*\*61.25

**DOCUMENT # 708677**

1. Entity Name  
**THE SOUL SAVING STATION OF CHRIST'S CRUSADERS  
OF FLORIDA, INC.**



Principal Place of Business  
**1880 WASHINGTON ST  
OPA LOCKA, FL 33054-2875**

Mailing Address  
**1880 WASHINGTON ST  
OPA LOCKA, FL 33054-2875**

**20002446**



01182006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

**1880 WASHINGTON AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**1880 WASHINGTON AVENUE**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0116450**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MURRAY, JAMES M  
1900 NW 171 ST  
OPA LOCKA, FL 33055**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MURRAY, JAMES  
STREET ADDRESS ~~1900 NW 171 ST~~  
CITY-ST-ZIP OPA LOCKA, FL 33055

TITLE S ☐ Delete  
NAME JEAN, MILDRED  
STREET ADDRESS ~~262 N.E. 141ST STREET~~  
CITY-ST-ZIP NORTH MIAMI, FL

TITLE D ☒ Delete  
NAME GLASS, THOMAS  
STREET ADDRESS 2401 NW 116 TERR.  
CITY-ST-ZIP CORAL SPGS, FL 33065

TITLE D ☐ Delete  
NAME THOMAS, EDDIE  
STREET ADDRESS ~~2436 N.W. 159TH TERRACE~~  
CITY-ST-ZIP OPA LOCKA, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1880 WASHINGTON AVENUE  
CITY-ST-ZIP OPA LOCKA, FL 33054-2875

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1880 WASHINGTON AVENUE  
CITY-ST-ZIP OPA LOCKA, FL 33054-2875

TITLE D ☐ Change ☒ Addition  
NAME CLARK, MATTIE  
STREET ADDRESS 1880 WASHINGTON AVENUE  
CITY-ST-ZIP OPA LOCKA, FL 33054-2875

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1880 WASHINGTON AVENUE  
CITY-ST-ZIP OPA LOCKA, FL 33054-2875

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James M. Murray* **JAMES M. MURRAY** / 1-19-06