


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90081 038 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # 708677</b><br>1. Entity Name<br><b>THE SOUL SAVING STATION OF CHRIST'S CRUSADERS OF FLORIDA, INC.</b>  |  |   |   |    |  |
| Principal Place of Business<br><b>1880 WASHINGTON AVE<br/>OPA LOCKA FL 33054-2875</b>  |  |   | Mailing Address<br><b>1880 WASHINGTON AVE<br/>OPA LOCKA FL 33054-2875</b>         |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   | 4. FEI Number<br><b>65-0116450</b>  |  |
| Zip  |  | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MURRAY, JAMES M.<br/>1880 NW 171 ST<br/>OPA LOCKA FL 33055</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>MURRAY, JASON M</b><br>Street Address P.O. Box Number is Not Acceptable <b>100 SE 2 STREET STE 4000</b><br>City <b>Miami, FL</b> Zip Code <b>33131</b> |  |
| 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 reinstating) DATE _____  |  |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make Check Payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>P</b><br><b>MURRAY, JAMES</b><br><b>1880 WASHINGTON AVE</b><br><b>OPA LOCKA FL 33054</b> <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>S</b><br><b>JEAN, MILDRED</b><br><b>1880 WASHINGTON AVE</b><br><b>OPA LOCKA FL 33054</b> <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><b>CLARK, MATTIE</b><br><b>1880 WASHINGTON AVE</b><br><b>OPA LOCKA FL 33054</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><b>THOMAS, EDDIE</b><br><b>1880 WASHINGTON AVE</b><br><b>OPA LOCKA FL 33054</b> <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |  |   |   |   |  |
| <b>SIGNATURE: <i>James M. Murray</i></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <b>JAMES M. MURRAY</b> <b>305-688-4543</b><br><small>Date Daytime Phone #</small> |   |  |