# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2008 8:00 am**
**Secretary of State**
03-24-2008 90044 048 ****61.25

DOCUMENT # 708677

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

| Principal Place of Business | Mailing Address |
|---|---|
| 1880 WASHINGTON AVE<br>OPA LOCKA, FL 33054-2875 | 1880 WASHINGTON AVE<br>OPA LOCKA, FL 33054-2875 |

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01262008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0116450

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAY, JASON M
~~1885 E. 2ND STREET~~ 100 S.E. 2nd Street,
SUITE 400 Suite 4000
MIAMI, FL 33131 Miami, FL 33131

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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: Jason M. Murray 2/13/08
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, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | MURRAY, JAMES |
| STREET ADDRESS | 1880 WASHINGTON AVE |
| CITY-ST-ZIP | OPA LOCKA, FL 33054 |
| TITLE | S |
| NAME | JEAN, MILDRED |
| STREET ADDRESS | 1880 WASHINGTON AVE |
| CITY-ST-ZIP | OPA LOCKA, FL 33054 |
| TITLE | D |
| NAME | THOMAS, EDDIE |
| STREET ADDRESS | 1880 WASHINGTON AVE |
| CITY-ST-ZIP | OPA LOCKA, FL 33054 |
| TITLE | P |
| NAME | Murray, Jason M. |
| STREET ADDRESS | 1880 Washington Ave |
| CITY-ST-ZIP | Opa Locka, FL 33054 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** James M Murray February 6-2008 305-6884643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#