

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708677

FILED  
Feb 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1880 WASHINGTON AVE  
OPA LOCKA, FL 330542875

**New Principal Place of Business:**

**Current Mailing Address:**

1880 WASHINGTON AVE  
OPA LOCKA, FL 330542875

**New Mailing Address:**

FEI Number: 65-0116450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURRAY, JASON M  
100 S.E. 2ND STREET  
SUITE 4000  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MURRAY, JAMES  
Address: 1880 WASHINGTON AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: S ( ) Delete  
Name: JEAN, MILDRED  
Address: 1880 WASHINGTON AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: THOMAS, EDDIE  
Address: 1880 WASHINGTON AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: MURRAY, JASON M  
Address: 1880 WASHINGTON AVE.  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES M. MURRAY

P

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date