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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748909

1. Corporation Name

YOUTH CRUSADE FOR CHRIST DELIVERANCE CHURCH, INC

Principal Place of Business:

3996 NW 167 STREET
3996
OPA LOCKA FL 33054

Mailing Address

P.O. BOX 472615
MIAMI FL 33247



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

09/14/1979

4. FEI Number

59-1619942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☒

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WASHINGTON, LARRY
16230 SW 106 AVENUE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WASHINGTON, LARRY
STREET ADDRESS 16230 SW 106 AVENUE
CITY-ST-ZIP MIAMI FL 33157 ☐ DELETE

TITLE D
NAME WASHINGTON, CAROLYN
STREET ADDRESS 16230 SW 106 AVENUE
CITY-ST-ZIP MIAMI FL 33157 ☐ DELETE

TITLE SD
NAME MILBROOK, LOU HAZEL
STREET ADDRESS 2981 NW 57 ST.
CITY-ST-ZIP MIAMI FL 33142 ☒ DELETE

TITLE D
NAME SANDERS, DENISE A
STREET ADDRESS 2935 NW 87 TERRACE
CITY-ST-ZIP MIAMI FL 33157 ☐ DELETE

TITLE D
NAME EDWARDS, ALFONSO
STREET ADDRESS 1770 NW 76 STREET
CITY-ST-ZIP MIAMI FL 33147 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Washington, Larry
1.3 STREET ADDRESS 8220 SW 212 St. Apt. 204
1.4 CITY-ST-ZIP Miami, FL 33189

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Washington, Carolyn
2.3 STREET ADDRESS 8220 SW 212 St. Apt. 204
2.4 CITY-ST-ZIP Miami, FL 33189

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME Sanders, Denise A
4.3 STREET ADDRESS 2935 NW 87 Terrace
4.4 CITY-ST-ZIP Miami, FL 33147

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry R. Washington
SIGNATURE REQUIRED
President 4/30/99 (305) 620-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)