

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748909

1. Entity Name

YOUTH CRUSADE FOR CHRIST DELIVERANCE CHURCH, INC

Principal Place of Business

Mailing Address

3996 NW 167 STREET
3996
OPA LOCKA FL 33054

P.O. BOX 472615
MIAMI FL 33247-2615

2. Principal Place of Business

1227 NW 29th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33142

Country

Dade

Zip

Country

4. FEI Number

59-1619942

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WASHINGTON, LARRY
16230 SW 106 AVENUE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Washington, Larry

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

8620 SW 212 Street, Apt. #204

City

Miami,

FL

Zip Code
33189

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WASHINGTON, LARRY
STREET ADDRESS 8220 SW 212TH ST., APT 204
CITY-ST-ZIP MIAMI FL 33189

TITLE VP ☐ Delete
NAME WASHINGTON, CAROLYN
STREET ADDRESS 8220 SW 212TH ST., APT 204
CITY-ST-ZIP MIAMI FL 33189

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

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

TITLE SD ☐ Delete
NAME SANDERS, DENISE A
STREET ADDRESS 2935 NW 87TH TERR
CITY-ST-ZIP MIAMI FL 33147

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition
NAME Washington, Larry
STREET ADDRESS 8620 SW 212 Street, Apt. #204
CITY-ST-ZIP Miami, FL 33189

TITLE VP ☐ Change ☐ Addition
NAME Washington, Carolyn
STREET ADDRESS 8620 SW 212 Street, Apt. #204
CITY-ST-ZIP Miami, FL 33189

TITLE SD ☐ Change ☐ Addition
NAME Sanders, Denise A.
STREET ADDRESS 2935 NW 87 Terrace
CITY-ST-ZIP Miami, FL 33147

TITLE D ☐ Change ☐ Addition
NAME Jones, David
STREET ADDRESS 651 NW 58th Street, Apt. #207
CITY-ST-ZIP Miami, FL 33127

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 exemption stated in Section 119.07(3)(i), 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:

LARRY WASHINGTON, R. Washington 1/23/00 (305)255-4013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #