FILED

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Apr 07, 2001 8:00 am Secretary of State **DOCUMENT # 748909** 1. Entity Name YOUTH CRUSADE FOR CHRIST DELIVERANCE CHURCH: INC 04-07-2001 90030 029 ****70.00 Principal Place of Business Mailing Address 1227 NW 29TH ST P.O. BOX 472615 MIAMI FL 33142 MIAMI FL 33247 C0043122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1619942 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----- 7... Name and Address of New Registered Agent Name Washington, Larry Street Address (P.O. Box Number is Not Acceptable) WASHINGTON, LARRY 11802 SW 273rd Street 8620 SW 212 ST Naranja, Fl. 33032 **APT 204** Zip Code **MIAMI FL 33189** FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PD K Change Addition ☐ Delete TITLE TITLE WASHINGTON, LARRY NAME NAME WASHINGTON, LARRY STREET ADDRESS STREET ADDRESS 11802 SW 273rd Street 8620 SW 212 ST APT 204 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 Naranja, FL 33032 Change Addition ☐ Delete TITLE TITLE WASHINGTON, CAROLYN NAME NAME WASHINGTON, CAROLYN STREET ADDRESS STREET ADDRESS 8620 SW 212 ST APT 204 11802 SW 273rd Street CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33189** Naranja, FL 33032 TITLE (2007) Oelete TITLE ☐ Change ☐ Addition NAME SANDERS, DENISE A NAME STREET ADDRESS STREET ADDRESS 2935 NW 87 TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** Addition TITLE TITLE ☐ Change Delete NAME Jones, David NAME STREET ADDRESS STREET ADDRESS 651 NW 58TH ST APT 207 CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33127 TITLE □ Delete Addition NAME SANDERS, DENISE A NAME STREET ADDRESS STREET ADDRESS 2935 NW 87TH TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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