## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 748909** 

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Feb 05, 2007 Secretary of State

Entity Name: YOUTH CRUSADE FOR CHRIST DELIVERANCE CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1227 NW 29TH ST MIAMI, FL 33142 **Current Mailing Address: New Mailing Address:** P.O. BOX 472615 11230 SW. 236 LANE MIAMI, FL 33247 HOMESTEAD, FL 33032 FEI Number: 59-1619942 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WASHINGTON, LARRY WASHINGTON, LARRY 11230 SW.236 LANE 11326 SW 244 TERR. HOMESTEAD, FL 33032 US HOMESTEAD, FL 33032 US 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: 02/05/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WASHINGTON, LARRY, WASHINGTON, LARRY, Name: Name: 11326 SW 244 TERR. Address: 11230 SW. 236 LANE Address: City-St-Zip: HOMESTEAD, FL 33032 City-St-Zip: HOMESTEAD, FL 33032 Title: () Delete Title: (X) Change ( ) Addition WASHINGTON, CAROLYN, Name: WASHINGTON, CAROLYN, Name: Address: 11326 SW 244 TERR. Address: 11230 SW. 236 LANE City-St-Zip: HOMESTEAD, FL 33032 City-St-Zip: HOMESTEAD, FL 33032 Title: () Delete Title: () Change () Addition SANDERS, DENISE A Name: Name: 2935 NW 87 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: LARRY WASHINGTON PD 02/05/2007

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651 NW 58TH ST APT 207

JONES, DAVID

MIAMI, FL 33127

SANDERS, DENISE A

2935 NW 87TH TERR

MIAMI, FL 33147

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