2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# 763418

Entity Name: CHRIST CRUSADERS, INC.

Current Principal Place of Business:

2527 OPA LOCKA BLVD.
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 541496
OPA LOCKA, FL 33054 US

New Mailing Address:

PO BOX 278827
MIRAMAR, FL 33027 US

FEI Number: 59-2193820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JUANITA MINCEY
12868 SW 21 STREET
M
MIAMI, FL 33054 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: S ( ) Delete
Name: DIANE, CHUKWURAH
Address: P.O. BOX 541496
City-St-Zip: OPA LOCKA, FL 33054

Title: PD ( ) Delete
Name: MINCEY, JUANITA,
Address: P.O. BOX 541496
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete
Name: NEPTUNE, CAMILLE
Address: PO BOX 541496
City-St-Zip: OPA LOCKA, FL 33054

Title: SVP (X) Delete
Name: MILLS, DENISE MINCEY
Address: P.O. BOX 541575
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete
Name: PERKINS, JAMES
Address: POBOX 541496.
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: NEPTUNE, CAMILLE
Address: P.O. BOX 541496
City-St-Zip: OPA LOCKA, FL 33054

Title: PD (X) Change ( ) Addition
Name: MINCEY, JUANITA,
Address: P.O. BOX 278827
City-St-Zip: OPA LOCKA, FL 33027

Title: D (X) Change ( ) Addition
Name: CHUKWAURAH, DIANE
Address: PO BOX 541496
City-St-Zip: OPA LOCKA, FL 33054

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 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: JUANITA MINCEY PRES 04/14/2006

Electronic Signature of Signing Officer or Director — Date