

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 763418

1. Entity Name
CHRIST CRUSADERS, INC.



FILED

09 JUL 30 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09

Principal Place of Business 2527 OPA LOCKA BLVD. OPA LOCKA, FL 33054 US	Mailing Address PO BOX 278827 MIRAMAR, FL 33027 US
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2. Principal Place of Business - No P.O. Box # 14359 Miramar Pkwy, Suite 112 MIRAMAR, FL 33027 City & State MIRAMAR, FL Zip 33027 Country USA	3. Mailing Address 14359 Miramar Pkwy, Suite 112 MIRAMAR, FL 33027 City & State MIRAMAR, FL Zip 33027 Country USA
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4. FEI Number 59-2193820	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JUANITA MINCEY 12868 SW 21 STREET MIRAMAR, FL 33027
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7. Name and Address of New Registered Agent Name WALTER PETERSON Street Address (P.O. Box Number is Not Acceptable) 3850 SW 128 AVE. City MIRAMAR FL Zip Code 33027
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 7/30/09 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEPTUNE, CAMILLE P.O. BOX 541496 OPA LOCKA, FL 33054 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINCEY, JUANITA P.O. BOX 278827 MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, ELIZABETH P.O. BOX 278827 MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, JAMES POBOX 541496 OPA LOCKA, FL 33054 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, WALTER 3850 SW 128 AVE. MIRAMAR, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMMONS, SHAWN 9187 FAIRHAVEN PLACE JONESBORO, GA 30236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAYNE, Monique SEYMOUR 1750 SW 57 AVE. West Park, FL 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sutton Marcus 8517 clauvige DRIVE MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:	7/30/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Date Daytime Phone #