

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 06 AM 0:03

DOCUMENT # **H09553** (9)

1. Corporation Name  
**YOUTH CRUSADE, INC.**

Principal Place of Business	Mailing Address
18921 N.W. 2ND AVE. STE. #B MIAMI FL 33169	18921 N.W. 2ND AVE. STE. #B MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>06/20/1984</b>	3a. Date of Last Report <b>08/30/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>6283 N.W. 201 Terr</b>	26 <b>19808 N.W. 3rd Court</b>	<b>59-2495088</b>	Not Applicable

22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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23 City & State <b>Hialeah, Fla</b>	28 City & State <b>Carol City, Fla</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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24 ZIP <b>33015</b>	25 Country <b>USA</b>	29 ZIP <b>33084-2350</b>	30 Country <b>USA</b>	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**LEFF, SAMUEL I.**  
**1367 NE 162ND ST.,**  
**NO. MIAMI FL 33162**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>WASHINGTON, LINDA</b>
STREET ADDRESS	<b>6283 N.W. 201 TERR.</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>WASHINGTON, LARECHIA</b>
STREET ADDRESS	<b>6283 N.W. 201 TERR.</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>GIBSON, RAMONA</b>
STREET ADDRESS	<b>2500 F AMBASSADOR COURT</b>
CITY ST ZIP	<b>HIGH POINT NC 27285</b>
TITLE	<b>D</b>
NAME	<b>WASHINGTON, LARRY JR</b>
STREET ADDRESS	<b>6283 N.W. 20TH TERRACE</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Washington* **LINDA WASHINGTON** **6-17-95** **628-8694**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)