2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007
Secretary of State

DOCUMENT# N00000003951

Entity Name: CRUSADE HELPING HANDS NEIGHBORHOOD OUTREACH MINISTRIES INC.

Current Principal Place of Business:

3620 NW 197TH AVE
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

3620 NW 197TH AVE
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: 65-1018210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPRY, ROBERT E
5542 NW 189TH ST
MIAMI, FL 33055 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: D ( ) Delete
Name: JORDAN, VERA
Address: 3620 NW 197TH AVE
City-St-Zip: OPA LOCKA, FL 33055

Title: D ( ) Delete
Name: NORWOOD, MAGGIE
Address: 1025 NW. 155 STREET LANE, APT 105
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: SPRY, ROBERT E
Address: 5542 NW 189TH ST
City-St-Zip: MIAMI, FL 33055

Title: S ( ) Delete
Name: HUNTER, AUDREY E
Address: 1251 NE 108 ST, APT 508
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete
Name: SPRY, VERONICA
Address: 5542 N.W. 189 STREET
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: VERONICA SPRY D 08/27/2007

Electronic Signature of Signing Officer or Director Date