

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2008  
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 ( )

**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

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date