

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2012
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
Name: JORDAN, VERA
Address: 3620 NW 197TH AVE
City-St-Zip: OPA LOCKA, FL 33055

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SPRY

D

05/01/2012

Electronic Signature of Signing Officer or Director

Date