

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-01-2001 90009 022 ****61.25

DOCUMENT # N00000006501

1. Entity Name

OPA-LOCKA CHRISTIAN UNIVERSITY CHRIST CRUSADERS.

Principal Place of Business

Mailing Address

2527 OPA LOCKA BOULEVARD
OPA LOCKA FL 33054

POST OFFICE BOX 541575
OPA LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EEL Number

59-219 3820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINCEY, JUANITA
6305 NW 170TH LANE
MIAMI FL 33015

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P/D
STREET ADDRESS MINCEY, JUANITA REV.
CITY-ST-ZIP POST OFFICE BOX 541575
OPA LOCKA FL 33054 *Director*

TITLE ☐ Change ☒ Addition
NAME SVP/D
STREET ADDRESS MILLS, DENISE MINCEY
CITY-ST-ZIP POST OFFICE BOX 541575
OPA LOCKA, FL 33054 *Director*

TITLE ☐ Delete
NAME V/D
STREET ADDRESS OMANE, BISMARK
CITY-ST-ZIP POST OFFICE BOX 541575
OPA LOCKA FL 33054

TITLE ☒ Change ☐ Addition
NAME S/D
STREET ADDRESS OMANE, BISMARK
CITY-ST-ZIP POST OFFICE BOX 541575
OPA LOCKA, FL 33054 *S Director*

TITLE ☒ Delete
NAME S/D
STREET ADDRESS CHURWURAH, DIANE
CITY-ST-ZIP POST OFFICE BOX 541575
OPA LOCKA FL 33054 *Dirct*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Juanita Mincey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-769-3044
Date Daytime Phone #

CR2E037 (10/00)