


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000006501 1. Entity Name OPA-LOCKA CHRISTIAN UNIVERSITY CHRIST CRUSADERS, INC.	
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Principal Place of Business 2527 OPA LOCKA BOULEVARD OPA LOCKA, FL 33054	Mailing Address P O BOX 541577 OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2193820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINCEY, JUANITA
12868 SW 21 STREET
MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MINCEY, JUANITA REV. POST OFFICE BOX 541575 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OMANE, BISMARCK POST OFFICE BOX 541575 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD MINCEY-MILLS, DENISE M POST OFFICE BOX 541575 OPA LOCKA, FL 33054
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03/01/04-80004-019 70.00

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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 Pres Feb - 19 - 04 305 305 0358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #