

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001372

FILED
Apr 14, 2006
Secretary of State

Entity Name: CHRIST CRUSADERS OPA LOCKA EDUCATIONAL CENTER, INC.

Current Principal Place of Business:

P.O. BOX 8827
MIRAMAR, FL 33027

New Principal Place of Business:

P.O. BOX 278827
MIRAMAR, FL 33027

Current Mailing Address:

P.O. BOX 8827
MIRAMAR, FL 33027

New Mailing Address:

P.O. BOX 278827
MIRAMAR, FL 33027

FEI Number: 65-1103027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MINCEY, JUANITA
12868 SW 21 STREET
MIRAMAR, FL 33027 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: SD () Delete
Name: SCOTT, ELIZABETH
Address: P.O. BOX 8827
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: NEPTUNE, GWENDOLYN
Address: P.O. BOX 8827
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: PERKINS, MARY
Address: P.O. BOX 8827
City-St-Zip: MIRAMAR, FL 33027

Title: P () Delete
Name: MINCEY, JUANITA
Address: P.O. BOX 8827
City-St-Zip: MIRAMAR, FL 33027

Title: V (X) Delete
Name: MINCEY-MILLS, DENISE
Address: P.O. BOX 8827
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SCOTT, ELIZABETH
Address: P.O. BOX 278827
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change () Addition
Name: NEPTUNE, GWENDOLYN
Address: P.O. BOX 278827
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change () Addition
Name: PERKINS, MARY
Address: P.O. BOX 278827
City-St-Zip: MIRAMAR, FL 33027

Title: P (X) Change () Addition
Name: MINCEY, JUANITA
Address: P.O. BOX 278827
City-St-Zip: MIRAMAR, FL 33027

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUANITA MINCEY

PRES

04/14/2006

Electronic Signature of Signing Officer or Director

Date