

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001374

1. Entity Name

BROWARD CHRIST CRUSADERS, INC.

**FILED**  
Feb 12, 2002 8:00 am  
Secretary of State

02-12-2002 90085 001 \*\*\*490.00

Principal Place of Business

Mailing Address

2430 SHERIDAN ST  
HOLLYWOOD FL 33020

P.O. BOX 541575  
OPA LOCKA FL 33054

2. Principal Place of Business

4201 N.W. 66th Avenue

3. Mailing Address

P.O. Box 541575

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL.

City & State

Opa-Locka, FL.

4. FEI Number

65-1103025

Applied For

Not Applicable

Zip  
33021

Country  
USA

Zip  
33054

Country  
USA

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 170 LN  
MIAMI FL 33015

Name

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

12868 S.W. 21st Street

City  
Miramar

FL Zip Code  
33027

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 + 8.75

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 D  
NAME SEABROOKS, PATRICA  
STREET ADDRESS P.O. BOX 541575  
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

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

TITLE D  
NAME GOURDETKS, GWENDOLYN  
STREET ADDRESS P.O. BOX 541575  
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE D  
NAME Gourdet, Gwendolyn  
STREET ADDRESS P.O. Box 541575  
CITY-ST-ZIP Opa-Locka, FL. 33054 ☒ Change ☐ Addition

TITLE D  
NAME CHURKWRAH, DIANE  
STREET ADDRESS P.O. BOX 541575  
CITY-ST-ZIP OPA LOCKA FL 33054 ☒ Delete

TITLE D/S/T  
NAME Bismark Omane  
STREET ADDRESS P.O. Box 541575  
CITY-ST-ZIP Opa-Locka, FL. 33054 ☐ Change ☒ Addition

TITLE D  
NAME PERKINSAH, MARY  
STREET ADDRESS P.O. BOX 541575  
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE D  
NAME Perkins, Mary  
STREET ADDRESS P.O. Box 541575  
CITY-ST-ZIP Opa-Locka, FL. 33054 ☒ Change ☐ Addition

TITLE PCEO  
NAME MINCEYSAH, JUANITA  
STREET ADDRESS P.O. BOX 541575  
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE P  
NAME Mincey, Juanita  
STREET ADDRESS P.O. Box 541575  
CITY-ST-ZIP Opa-Locka, FL. 33054 ☒ Change ☐ Addition

TITLE V  
NAME MINCEY-MILLS, DENISE  
STREET ADDRESS P.O. BOX 541575  
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

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

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*

Rev. Juanita Mincey

1/15/02

305-769-3044

CR2E037 (9/01)