

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N01000001374

1. Entity Name  
BROWARD CHRIST CRUSADERS, INC.



Principal Place of Business  
4201 NW 66 AVE  
HOLLYWOOD, FL 33020

Mailing Address  
PO BOX 541577  
OPA LOCKA, FL 33054



02172004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1103205

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SEABROOKS, PATRICA  
PO BOX 541577  
OPA LOCKA, FL 33054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOURDETKS, GWENDOLYN  
PO BOX 541577  
OPA LOCKA, FL 33054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHURKWRAH, DIANE  
PO BOX 541577  
OPA LOCKA, FL 33054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PERKINSAH, MARY  
PO BOX 541577  
OPA LOCKA, FL 33054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MINCEYSAH, JUANITA  
PO BOX 541577  
OPA LOCKA, FL 33054

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MINCEY-MILLS, DENISE  
PO BOX 541577  
OPA LOCKA, FL 33054

UN00000069112  
03/01/04-80004-023 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04 305-305-0358  
Date Daytime Phone #