2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001374

Entity Name: BROWARD CHRIST CRUSADERS, INC.

FILED Apr 14, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
P.O. BOX 8827 MIRAMAR, FL 33027 Current Mailing Address:				P.O. BOX 278827 MIRAMAR, FL 33027 New Mailing Address:		
FEI Number	: 65-1103205	FEI Number Applied For()	FEI Nun	nber Not App	Dicable () Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:		Name and	d Address of New Registered Agent:	
MINCEY, JUANITA 12868 SW 21 STREET MIAMI, FL 33015 US				MINCEY, JUANITA 12868 SW 21 STREET MIAMI, FL 3307 US		
The above in the State	e named entity s e of Florida.	ubmits this statement for the p	ourpose o	f changing i	its registered office or registered agent, or both	
SIGNATURE:				04/14/2006		
	Electron	ic Signature of Registered Age	ent		Date	
OFFICER	S AND DIREC	rors:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	SD () SCOTT, ELIZAB PO BOX 8827 MIRAMAR, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () NEPTUNE, GWI PO BOX 8827 MIRAMAR, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CHURKWRAH, I PO BOX 8827 MIRAMAR, FL			Title: Name: Address: City-St-Zip:	D (X) Change () Addition PHILLIPS, SUSSIE PO BOX 278827 MIRAMAR, FL 33027	
Title: Name: Address: City-St-Zip:	D () PERKINS, MAR PO BOX 8827 MIRAMAR, FL			Title: Name: Address: City-St-Zip:	D (X) Change () Addition PERKINS, MARY PO BOX 278827 MIRAMAR, FL 33027	
Title: Name: Address: City-St-Zip:	P () MINCEY, JUANI PO BOX 8827 MIRMAR, FL 33			Title: Name: Address: City-St-Zip:	P (X) Change () Addition MINCEY, JUANITA PO BOX 278827 MIRMAR, FL 33027	
Title: Name: Address: City-St-Zip:	V (X) MINCEY-MILLS PO BOX 8827 MIRAMAR, FL (Title: Name: Address: City-St-Zip:	() Change () Addition	

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