

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90095 020 ****70.00

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1. Entity Name

BROWARD CHRIST CRUSADERS, INC.



Principal Place of Business

**4201 NW 66 AVE
HOLLYWOOD FL 33020**

Mailing Address

**P.O. BOX 541575
OPA LOCKA FL 33054**

2. Principal Place of Business

3. Mailing Address

P.O. Box 541577

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL

Zip

Country

33054

Country

4. FEI Number **65-1103205**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MINCEY, JUANITA
12868 SW 21 STREET
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	SEABROOKS, PATRICA	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 541575		P.O. Box 541577	
CITY-ST-ZIP			OPA LOCKA FL 33054	
TITLE	D	NAME	GOURDETKS, GWENDOLYN	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 541575		P.O. Box 541577	
CITY-ST-ZIP			OPA LOCKA FL 33054	
TITLE	D	NAME	CHURKWRAH, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 541575		P.O. Box 541577	
CITY-ST-ZIP			OPA LOCKA FL 33054	
TITLE	D	NAME	PERKINSAH, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 541575		P.O. Box 541577	
CITY-ST-ZIP			OPA LOCKA FL 33054	
TITLE	P	NAME	MINCEYSAH, JUANITA	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 541575		P.O. Box 541577	
CITY-ST-ZIP			OPA LOCKA FL 33054	
TITLE	V	NAME	MINCEY-MILLS, DENISE	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 541575		P.O. Box 541577	
CITY-ST-ZIP			OPA LOCKA FL 33054	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/T	NAME	Bismark Omane	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			P.O. Box 541577	
CITY-ST-ZIP			OPA LOCKA, FL 33054	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

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

2-4-03

305-769-3841

CR2E037 (10/02)