


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N01000001376	
1. Entity Name CHRIST CRUSADERS OPA LOCKA CHRISTIAN SCHOOL, INC.	

Principal Place of Business 2527 OPA LOCKA BLVD OPA LOCKA, FL 33054	Mailing Address PO BOX 541577 OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1100501	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MINCEY, JUANITA
6305 NW 170 LN
MIAMI, FL 33015**

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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 _____ (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	P MINCEY, JUANITA P.O.BOX 541575 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEABROOKS, PATRICIA P.O.BOX 54175 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MINCEY, MILLS D P.O.BOX 54175 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OMANE, BISMARCK P.O.BOX 54175 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOURDET, GWENDOLYN P.O.BOX 54175 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000063113
03/01/04-80004-024 70.00

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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 President 2/19/04 305 305 0358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #