2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004
Secretary of State

DOCUMENT# N02000000950

Entity Name: CRAWFORD CHRISTIAN CENTER, INC.

Current Principal Place of Business:

8201 N.W. 45TH STREET
LAUDERHILL, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

8201 N.W. 45TH STREET
LAUDERHILL, FL 33351 US

New Mailing Address:

FEI Number: 01-0591016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRAWFORD, SIDNEY JR.
8201 N.W. 45TH STREET
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CRAWFORD, SIDNEY JR.
Address: 8201 N.W. 45TH STREET
City-St-Zip: LAUDERHILL, FL 33351 US

Title: V ( ) Delete
Name: MILLNER, MICHAEL
Address: 422 N.W. 10TH STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: T ( ) Delete
Name: CRAWFORD, FRANCES M
Address: 8201 N.W. 45TH STREET
City-St-Zip: LAUDERHILL, FL 33351 US

Title: S ( ) Delete
Name: DIXON, VONDA
Address: 1566 N.W. 7TH LANE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change ( ) Addition
Name: DIXON, VONDA
Address: 1566 N.W. 7TH LANE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: S ( ) Change (X) Addition
Name: MILLNER, PATRICIA
Address: 422 N.W. 10TH STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SIDNEY CRAWFORD JR P 03/06/2004

Electronic Signature of Signing Officer or Director — Date