

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N02000007995

1. Entity Name

CHRIST CRUSADERS, ACHOR MINISTRIES, INC.



Principal Place of Business

2527 OPA-LOCKA BLVD.
OPA-LOCKA, FL 33054

Mailing Address

2527 OPA-LOCKA BLVD.
OPA-LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE



02172004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
42-1557965

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, CARMEN
2527 OPA-LOCKA BLVD.
OPA-LOCKA, FL 33054

**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	PD
NAME	DAVIS, CARMEN
STREET ADDRESS	2370 N.W. 191ST TERR.
CITY-ST-ZIP	OPA-LOCKA, FL 33056
TITLE	SD
NAME	GURLEY, GWENDOLYN
STREET ADDRESS	4031 SW 43RD AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	TD
NAME	MINCEY, JUANITA
STREET ADDRESS	12868 S.W. 21ST ST.
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000069095
02/01/04-80004-006 70.00

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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:

Carmen Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04
Date

Daytime Phone #