## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N03000003286

FILED Jul 30, <u>2</u>007 Secretary of State

Entity Name: CHRIST CRUSADE FAMILY CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

12868 SW 21ST STREET 13720 NW 22ND AVE MIRAMAR, FL 33027 OPA LOCKA, FL 33054

**Current Mailing Address:** New Mailing Address:

PO BOX 278827 997 SW 104TH WAY

MIRAMAR, FL 33027 PEMBROKE PINES, FL 33025

FEI Number: 11-3686083 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MINCEY, JUANITA SEABROOKS, WILLIE 12868 SW 28TH ST 997 SW 104TH WAY

MIRAMAR, FL 33027 PEMBROKE PINES, FL 33025 US US

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: WILLIE SEABROOKS 07/30/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

MINCEY, JUANITA SEABROOKS, WILLIE Name: Name: P.O. BOX 278827 Address: 997 SW 104TH WAY Address:

City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: SD () Delete Title: SD (X) Change ( ) Addition

ELIZABETH, SCOTT Name: CARTER, ANN Name: Address: PO BOX 278827 Address: 8540 SHERATON STREET

City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: MIRAMAR, FL 33025 US

Title: () Delete Title: (X) Change ( ) Addition PERKINS, MARY PERKINS, JAMES Name: Name:

Address: P.O. BOX 278827 Address: 997 SW 104TH WAY City-St-Zip: MIRAMAR, FL 33027 City-St-Zip:

PEMBROKE PINES, FL 33025 US

Title: TD () Delete Title: TD (X) Change ( ) Addition Name: GWENDOLYN, NEPTUNE Name: MINCEY, JUANITA

Address: PO BOX 278827 Address: PO BOX 278827 City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: MIRAMAR, FL 33027 US

Title: () Delete Title: ( ) Change (X) Addition

MOULTRIE, WILLIE Name: Name: 997 SW 104TH WAY Address: Address:

City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify 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: WILLIE SEABROOKS **PRES** 07/30/2007

Electronic Signature of Signing Officer or Director

Date