

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003286

FILED
Apr 14, 2008
Secretary of State

Entity Name: CHRIST CRUSADE FAMILY CENTER, INC.

Current Principal Place of Business:

13720 NW 22ND AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

997 SW 104TH WAY
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 11-3686083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEABROOKS, WILLIE
997 SW 104TH WAY
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

SEABROOKS, WILLIE REV.
997 SW 104TH WAY
PEMBROKE PINES, FL 33025 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

04/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEABROOKS, WILLIE
Address: 997 SW 104TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: SD () Delete
Name: CARTER, ANN
Address: 8540 SHERATON STREET
City-St-Zip: MIRAMAR, FL 33025 US

Title: D () Delete
Name: PERKINS, JAMES
Address: 997 SW 104TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: TD () Delete
Name: MINCEY, JUANITA
Address: PO BOX 278827
City-St-Zip: MIRAMAR, FL 33027 US

Title: D () Delete
Name: MOULTRIE, WILLIE
Address: 997 SW 104TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SEABROOKS, WILLIE REV
Address: 997 SW 104TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

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

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

Title: TD (X) Change () Addition
Name: SEABROOKS, PATRICIA A DR
Address: 997 SW 104TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025 US

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

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

04/14/2008

Electronic Signature of Signing Officer or Director

Date