


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06424**  
 1. Entity Name  
 ROYAL CRUSADE THE ASSEMBLY FOR CHRIST, INC.



Principal Place of Business      Mailing Address  
 SANDRA D JOHNSON      SANDRA D JOHNSON  
 2208 NW 62 STREET      2208 NW 62 STREET  
 MIAMI, FL 33147      MIAMI, FL 33147

**DO NOT WRITE IN THIS SPACE**



02142006 No Chg-NP      CR2E037 (11/05)

4. FEI Number <b>59-2490048</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 JOHNSON, SANDRA D DP  
 1911 NW 184 STREET  
 OPA-LOCKA, FL 33056

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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 \_\_\_\_\_  
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, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

U000003447907  
 03/08/06-80076-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, SANDRA D 1911 NW 184 STREET CAROL CITY, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRENCH, CARROLL A DS 2280 NW 172 TERR OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRENCH, CARROLL A DV 2280 NW 172 TERR OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, DEBBIE 13300 ALEXANDRA DR APT 323 OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, MARVIN T T 3422 N.W. 187 STR. CAROL CITY, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, CARLETTA S 3250 GLENDALE BLVD FORT LAUDERDALE, FL 33312

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: Sandra D. Johnson Direct President      2/20/06 625-0867  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #