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FILED  
May 26 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19356 (7)

1. Corporation Name

CRUSADE MISSION A.M.E. CHURCH OF DADE COUNTY, FL  
ORIDA, INC.



Principal Place of Business

Mailing Address

C/O LEONARD COLES  
2010 NW 191 TERRACE  
CAROL CITY FL 33056-8444

C/O LEONARD COLES  
2010 NW 191 TERRACE  
CAROL CITY FL 33056-8444

3. Date Incorporated or Qualified

02/20/1987

4. FEI Number

59-2702187

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2121 N.W. 119 Street

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Miami, Florida

28 City & State

24 Zip

33167

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes  No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLES, LEONARD  
2010 NW 191 TERR  
OPA-LOCKA FL 33056

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BROWN, SARAH  
STREET ADDRESS 2472 NW 58 ST  
CITY-ST-ZIP MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD  
NAME WILCOX, CEOLA  
STREET ADDRESS 2960 NW 164 ST  
CITY-ST-ZIP OPA-LOCKA FL 33056

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VDS  
NAME COLES, SHIRLEY K  
STREET ADDRESS 2010 NW 191 TERR  
CITY-ST-ZIP OPA-LOCKA FL 33056

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD  
NAME COLES, LEONARD  
STREET ADDRESS 2010 NW 191 TERR  
CITY-ST-ZIP OPA-LOCKA FL 33056

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leonard Coles LEONARD COLES 5-17-98 305-621-246

CR2E037 (10/97)