

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90021 001 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N19356**

1. Corporation Name  
**CRUSADE MISSION A.M.E. CHURCH OF DADE COUNTY, FL  
 ORIDA, INC.**

Principal Place of Business      Mailing Address  
 2121 NW 119 STREET      C/O LEONARD COLES  
 MIAMI FL 33167      2010 NW 191 TERRACE  
 US      CAROL CITY FL 33056-8444



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country			
26		27		28	
29		30		31	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COLES, LEONARD				81 Name			
2010 NW 191 TERR				82 Street Address (P.O. Box Number is Not Acceptable)			
OPA-LOCA FL 33056				83			
				84 City			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SARAH	1.2 NAME	
STREET ADDRESS	2472 NW 58 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, CEOLA	2.2 NAME	
STREET ADDRESS	2960 NW 164 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL 33056	2.4 CITY-ST-ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLES, SHIRLEY K	3.2 NAME	
STREET ADDRESS	2010 NW 191 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL 33056	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLES, LEONARD	4.2 NAME	
STREET ADDRESS	2010 NW 191 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL 33056	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Leonard Coles*      4-25-99      305-621-2916

CR2E037 (1/198)