

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 25, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # N19356**

1. Entity Name  
 CRUSADE MISSION A.M.E. CHURCH OF DADE COUNTY, FLORIDA, INC.

Principal Place of Business 2121 NW 119 STREET MIAMI FL 33167 US	Mailing Address C/O LEONARD COLES 2010 NW 191 TERRACE OPA LOCKA FL 33056
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/O LEONARD COLES Suite, Apt. #, etc. 2801 NW 209TH TER.
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DO NOT WRITE IN THIS SPACE

City & State OPA LOCKA FL	4. FEI Number <b>59-2702187</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 33056	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLES LEONARD  
 2010 NW 191 TERR  
 OPA-LOCA FL 33056  
 US

7. Name and Address of New Registered Agent

Name  
COLES LEONARD

Street Address (P.O. Box Number is Not Acceptable)  
2801 NW 209TH TER.

City  
OPA-LOCKA FL Zip Code  
33056

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.

SIGNATURE \_\_\_\_\_ DATE **05/25/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLES LEONARD 2010 NW 191 TERR OPA-LOCKA FL 33056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS COLES SHIRLEY K 2010 NW 191 TERR OPA-LOCKA FL 33056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILCOX CEOLA 2960 NW 164 ST OPA-LOCKA FL 33056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, SARAH 2472 NW 58 ST MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS COLES SHIRLEY K 2801 NW 209TH TER. OPA-LOCKA FL 33056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, SARAH 2472 NW 58 ST MIAMI FL 33147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    

12. 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 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 all other like empowered.