

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 23, 2007
Secretary of State**

DOCUMENT# N19356

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

Current Principal Place of Business:

2121 NW 119 STREET
MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

C/O LEONARD COLES
2010 NW 191 TER.
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: 59-2702187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLES, LEONARD
2010 NW 191 TER.
MIAMI GARDENS, FL 33056 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WILCOX, CEOLA
Address: 2960 NW 164 ST
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D () Delete
Name: WILCOX, BOBBY L
Address: 2960 NW 164 ST
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VD () Delete
Name: COLES, SHIRLEY K
Address: 2801 NW 209TH TER
City-St-Zip: MIAMI GARDENS, FL 33056

Title: PD () Delete
Name: COLES, LEONARD
Address: 2010 NW 191 TERR
City-St-Zip: MIAMI GARDENS, FL 33056

Title: TD () Delete
Name: COLES, TEQUICHA L
Address: 2761 NW 209TH TER
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D () Delete
Name: COLES, KELVIN L
Address: 1212 STATD RD NW
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONARD COLES

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date