


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N93000005743	
1. Entity Name <b>COMMUNITY YOUTH CRUSADE, INC.</b>	

Principal Place of Business <b>2075 NW 75TH ST MIAMI, FL 33150</b>	Mailing Address <b>8623 NW 35TH PLACE MIAMI, FL 33147</b>
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**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent  <b>SANDILANDS, JESSIE 1171 NW 48TH STREET MIAMI, FL 33127</b>
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

U000000139048  
04/29/04-80105-020 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, ERNEST 9314 SW 170TH LANE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSS, ANTOINETTE 8623 N.W 35TH PLACE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, VERNELL 9314 SW 170TH LANE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWAL, ANNIE 1910 NW 184 ST OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTNUT, ANTONIO 17921 NW 5TH AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** *Antoinette Moss* **4/26/04 305 835-6945**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #