


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90010 028 ****70.00

DOCUMENT # N93000005743 1. Entity Name COMMUNITY YOUTH CRUSADE, INC.					
Principal Place of Business 2075 NW 75TH ST MIAMI, FL 33147			Mailing Address 8623 NW 35TH PLACE MIAMI, FL 33147		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 33147 Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSS, ANTOINETTE 8623 N.W. 35TH PLACE MIAMI, FL 33147			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Antoinette Moss</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> <i>Antoinette MOSS</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%;"> <i>2/10/06</i> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ERNEST		NAME	ERNEST Wilson	
STREET ADDRESS	9344 SW 170TH LANE		STREET ADDRESS	2476 N.W. 88 Street	
CITY - ST - ZIP	MIAMI, FL 33167		CITY - ST - ZIP	MIAMI, Florida 33147	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, ANTOINETTE		NAME		
STREET ADDRESS	8623 N.W. 35TH PLACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33147		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VERNELL Wilson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, VERNELL		NAME	VERNELL Wilson	
STREET ADDRESS	9344 SW 170TH LANE		STREET ADDRESS	2476 N.W. 88 Street	
CITY - ST - ZIP	MIAMI, FL 33167		CITY - ST - ZIP	MIAMI, Florida 33147	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWAL, ANNIE		NAME		
STREET ADDRESS	1910 NW 784 ST		STREET ADDRESS		
CITY - ST - ZIP	OPA LOCKA, FL 33056		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHESTNUT, ANTONIO		NAME	DIATRICE Chestnut	
STREET ADDRESS	17921 NW 5TH AVE		STREET ADDRESS	7040 NW 173 DRIVE	
CITY - ST - ZIP	MIAMI, FL 33169		CITY - ST - ZIP	MIAMI, Florida 33015	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WAYNE STUBBS	
STREET ADDRESS			STREET ADDRESS	4602 NW 18 AVE	
CITY - ST - ZIP			CITY - ST - ZIP	MIAMI, FL 33142	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Antoinette Moss</i> / <i>Antoinette MOSS</i> <i>2/10/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					