

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 03, 2008 08:00 A
Secretary of State**

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**



02042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOSS, ANTOINETTE
8623 N.W. 35TH PLACE
MIAMI, FL 33147**

**DO NOT WRITE
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 *Antoinette Moss*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/28/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILSON, ERNEST
STREET ADDRESS	2476 NW 88 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	S
NAME	MOSS, ANTOINETTE
STREET ADDRESS	8623 N.W 35TH PLACE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	WILSON, VERNELL
STREET ADDRESS	2476 NW 88 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	CHESTNUT, DIATRIE
STREET ADDRESS	7040 NW 1763 DR
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D
NAME	STUBBS, WAYNE
STREET ADDRESS	4602 NW 18 AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/08-80042-016 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Antoinette Moss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08

DATE

305 835-6945

Daytime Phone #