2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N93000005743

Entity Name: COMMUNITY YOUTH CRUSADE, INC.

Current Principal Place of Business:

2075 NW 75TH ST
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

8623 NW 35TH PLACE
MIAMI, FL 33147

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOSS, ANTOINETTE
8623 N.W. 35TH PLACE
MIAMI, FL 33147 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: P ( ) Delete
Name: WILSON, ERNEST
Address: 2476 NW 88 ST
City-St-Zip: MIAMI, FL 33147

Title: S ( ) Delete
Name: MOSS, ANTOINETTE
Address: 8623 N.W 35TH PLACE
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: WILSON, VERNELL
Address: 2476 NW 88 ST
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: CHESTNUT, DIATRIE
Address: 7040 NW 1763 DR
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: STUBBS, WAYNE
Address: 4602 NW 18 AVE
City-St-Zip: MIAMI, FL 33142

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:

I hereby certify that the information supplied with this filing does not qualify 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: ANTOINETTE MOSS S 02/18/2009
Electronic Signature of Signing Officer or Director — Date