

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

31.

03-28-2003 90100 025 *****61.25

DOCUMENT # N93000005743					
1. Entity Name COMMUNITY YOUTH CRUSADE, INC.					
Principal Place of Business 2075 NW 75TH ST MIAMI FL 33150			Mailing Address 1171 N.W. 48TH ST MIAMI FL 33127		
2. Principal Place of Business 2075 N.W. 75 th ST Suite, Apt. #, etc.		3. Mailing Address 8623 N.W. 35 th Place Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number NOT APPLICABLE	
Zip 33147		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDILANDS, JESSIE 1171 NW 48TH STREET MIAMI FL 33127			7. Name and Address of New Registered Agent Antoinette Moss Street Address (P.O. Box Number is Not Acceptable) 8623 N.W. 35 th Place City: Miami FL Zip Code: 33147		
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: <u>Antoinette Moss</u> DATE: <u>3/23/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME WILSON, ERNEST E STREET ADDRESS 6835 QUEEN PALM TERR CITY-ST-ZIP MIAMI LAKES FL 33138	<input type="checkbox"/> Delete		TITLE President NAME Wilson STREET ADDRESS 9314 SW 170 th LANE CITY-ST-ZIP Miami, Florida 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MOSS, ANTOINETTE STREET ADDRESS 8623 N.W. 35TH PLACE CITY-ST-ZIP MIAMI FL 33147	<input type="checkbox"/> Delete		TITLE D NAME Vernell Wilson STREET ADDRESS 9314 SW 170 th LANE CITY-ST-ZIP MIAMI, Florida 33157	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LAWAL, ANNIE STREET ADDRESS 2241 N.W. 198 TERR CITY-ST-ZIP MIAMI FL 33054	<input type="checkbox"/> Delete		TITLE D NAME ANNIE LAWAL STREET ADDRESS 1910 N.W. 184 ST CITY-ST-ZIP MIAMI, FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CHESTNUT, ANTONIO STREET ADDRESS 18850 N.W. 55 AVE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete		TITLE D NAME Antonio Chestnut STREET ADDRESS 17921 N.W. 5 th Ave CITY-ST-ZIP MIAMI, FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Ernest Wilson</u>			SIGNATURE REQUIRED		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/23/03</u> Daytime Phone #: <u>(305-691-3689)</u>		

CR2E037 (10/02)