

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

FILED
Jun 03, 2003 8:00 am
Secretary of State

05-05-2003 91166 010 ****61.25

DOCUMENT # N94000004774

1. Entity Name

WORLD FAMOUS RAINBOW CRUSADERS, INC.



Principal Place of Business

1886 NW 52 AVENUE
LAUDERHILL FL 33313

Mailing Address

P.O. BOX 130193
SUNRISE FL 33313

55046000

2. Principal Place of Business

5317 NW 18 ST

3. Mailing Address

P.O. BOX 130193

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

City & State

LAUDERHILL

City & State

SUNRISE

4. FEI Number 65-0551282

Applied For
Not Applicable

Zip 33313

Country U.S.A

Zip 33313

Country U.S.A

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

THOMPSON, WILLIAM P
1886 NW 52 AVENUE
LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

Name WILLIAM P. THOMPSON
Street Address (P.O. Box Number is Not Acceptable)
5317 NW 18 ST #2
City LAUDERHILL FL Zip Code 33313

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

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

(NOTE: Registered Agent signature required when reinstating)

4/21/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, POPPIE WILLIAM	
STREET ADDRESS	1886 NW 52 AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WALDON, ANN V	
STREET ADDRESS	1872 NW 52ND AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KHAN-THOMPSON, NAZMAR	
STREET ADDRESS	1886 NW 52 AVENUE	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, WILLIAM P	
STREET ADDRESS	1886 NW 52 AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	WILLIAM "POPIE" THOMPSON	
CITY-ST-ZIP	5317 NW 18ST #2	
	LAUDERHILL, FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	TARA S. MOORE	
CITY-ST-ZIP	5317 NW 18ST #2	
	LAUDERHILL, FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	NAZMAR KHAN-THOMPSON	
CITY-ST-ZIP	5317 NW 18ST #2	
	LAUDERHILL, FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTISTIC DIRECTOR	
STREET ADDRESS	WILLIAM P. THOMPSON	
CITY-ST-ZIP	5317 NW 18ST #2	
	LAUDERHILL, FL 33313	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT II	
STREET ADDRESS	GEORGE NEGRON	
CITY-ST-ZIP	5317 NW 18ST #2	
	LAUDERHILL, FL 33313	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTISTIC DIRECTOR II	
STREET ADDRESS	THERESA WILLIAMS	
CITY-ST-ZIP	5317 NW 18ST #2	
	LAUDERHILL, FL 33313	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

(954) 748-2825
Daytime Phone #

CR2E037 (10/02)