

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0074044

DOCUMENT # N97000001641

1. Entity Name

WORLD LITERACY CRUSADE OF FLORIDA, INC.

04-11-2002 90089 012 ****70.00

Principal Place of Business

Mailing Address

**14235 NW 21 COURT
OPA LOCKA FL 33054
US**

**P.O. BOX 693956
MIAMI FL 33269**

2. Principal Place of Business

4610 NW 7 Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

4. FEI Number

65-0737649

Applied For

Not Applicable

Zip

Country

33127 U.S.A.

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, THEMA
7938 PEPPER PIKE DRIVE
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name **Thema Campbell**

Street Address (P.O. Box Number is Not Acceptable)

7910 W. Drive #305

City

North Bay Village

FL

Zip Code

33141

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/11/2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **CAMPBELL, THEMA**
STREET ADDRESS **7910 W DRIVE #305**
CITY-ST-ZIP **N BAY VILLAGE FL 33141**

TITLE **DV** ☐ Delete
NAME **CARTER, LATRISHA**
STREET ADDRESS **20825 NW 9 COURT #201**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **DS** ☐ Delete
NAME **CANNON, CLAUDETTE**
STREET ADDRESS **16321 NW 18 COURT**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **D** ☐ Delete
NAME **JAMIEDON, CARLOS**
STREET ADDRESS **11741 SW 7 STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☒ Delete
NAME **BRUNSON, ANTHONY**
STREET ADDRESS **1 EAST BROWARD BOULEVARD, SUITE 110**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2002 (305) 565 5502

Date

Daytime Phone #

CR2E037 (9/01)