


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006202 (2)**

1. Corporation Name

CHRISTIAN SERVICE BRIGADE, INC.

Principal Place of Business

Mailing Address

**12825 NE 2ND AVENUE
NORTH MIAMI FL 33161**

**12825 NE 2ND AVENUE
NORTH MIAMI FL 33161**



3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERTIL, RICOT
12825 NE 2ND AVENUE
NORTH MIAMI FL 33161**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CASSEUS, PAUL M**
STREET ADDRESS **507 NW 96 STREET**
CITY-ST-ZIP **MIAMI FL 33150**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition
D Joseph Henry Menard
6500 N.W. Miami Ave
Miami FL 33150

TITLE **SD** ☐ DELETE
NAME **FERTIL, RICOT**
STREET ADDRESS **12825 NE 2ND AVENUE**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **ST. HILAIRE, IRLIN**
STREET ADDRESS **5880 NE 2ND AVENUE**
CITY-ST-ZIP **NORTH MIAMI FL 33138**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **MATHIAS, SAINTANA SR**
STREET ADDRESS **1263 NE 146 STREET**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **STERLING, JOSEPH EDDER**
STREET ADDRESS **125 NE 54 STREET**
CITY-ST-ZIP **MIAMI FL 33137**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **MAXI, WILNER**
STREET ADDRESS **7320 NE 2ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33137**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

4/28/98

CR2E037 (10/97)