

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90155 014 ****70.00

DOCUMENT # N97000006202

1. Corporation Name

CHRISTIAN SERVICE BRIGADE, INC.

Principal Place of Business

12825 NE 2ND AVENUE
NORTH MIAMI FL 33161

Mailing Address

12825 NE 2ND AVENUE
NORTH MIAMI FL 33161



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D
NAME MENARD, JOSEPH HENRY
STREET ADDRESS 6500 NW MIAMI AVE
CITY-ST-ZIP MIAMI FL 33150

DELETE

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

DELETE

TITLE VD
NAME ST. HILAIRE, IRLIN
STREET ADDRESS 5860 NE 2ND AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33138

DELETE

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

DELETE

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

DELETE

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

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DP
PAUL CASSEUS
507 NW 96 St
Miami FL 33127

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/99

Date

305 688 9251

Daytime Phone #

CR2E037 (11/98)