

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000939

1. Entity Name

NEW LIFE CRUSADE, INC.

Principal Place of Business

2920 NW 9TH ST.
POMPANO BCH FL 33069

Mailing Address

2920 NW 9TH ST.
POMPANO BCH FL 33069-2174

2. Principal Place of Business

2920 NW 9TH ST.

3. Mailing Address

2920 NW 9TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

65-0898047

Applied For

Not Applicable

Zip

33069

Country

Broward

Zip

33069

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MOSLEY, MARSHALL D

2920 NW 9TH ST.

POMPANO BCH FL 33069

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME MOSLEY, MARSHALL D
STREET ADDRESS 2920 NW 9TH ST.
CITY-ST-ZIP POMPANO BCH FL 33069 ☐ Delete

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

TITLE D
NAME DELANEY, WILLIAM
STREET ADDRESS 6980 NW 25TH CT.
CITY-ST-ZIP SUNRISE FL 33313 ☐ Delete

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

TITLE D
NAME SPOONEY, ROBERT
STREET ADDRESS 5784 NW 56TH MANOR
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90099 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)