

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

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

05-20-2002 90075 023 ****61.25

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

92497

2. Principal Place of Business

5071 Northern Lights Dr.
 Suite, Apt. #, etc.

3. Mailing Address

5071 Northern Lights Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Greenacres FL

City & State

Greenacres, FL

4. FEI Number

APPLIED FOR 0898047

Applied For

Not Applicable

Zip

33463

Country

Palm Beach

Zip

33463

Country

Palm Beach

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, MARSHALL D
 2920 NW 9TH ST.
 POMPANO BCH FL 33069

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Marshall Mosley / Pres. 4/22/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MOSLEY, MARSHALL D	
STREET ADDRESS	2920 NW 9TH ST.	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELANEY, WILLIAM	
STREET ADDRESS	6980 NW 25TH CT.	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPOONEY, ROBERT	
STREET ADDRESS	5764 NW 58TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2007 (9/01)

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:

Marshall Mosley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 9547819800

Date

Daytime Phone #