2001 UNIFORM BUSINESS REPORT (UBR)

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May 11, 2001 8:00 am Secretary of State DOCUMENT # N9900001558 CHRISTIAN*CRUSADING FOR BETTER HOUSING, INC. 05-11-2001 90047 019 ****61.25 Principal Place of Business Mailing Address 20000 NW 15 AVE 20000 NW 15 AVE MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0904100 ✓ Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CASON, WILBERT 20000 NW 15 AVE MIAMI FL 33169 Zip Code City 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 it applicable DATE (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME CASON, WILBERT NAME STREET ADDRESS 2000 NW 15 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Addition DVT ☐ Delete TITLE Change TITLE CASON, GLORIA NAME STREET ADDRESS STREET ADDRESS 2000 NW 15 AVE CITY-ST-7IP CITY-ST-ZIF **MIAMI FL 33169** ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME WALKER, BEATRICE M NAME STREET ADDRESS STREET ADDRESS 1804 RACQUET CT CITY-ST-ZIP CITY-ST-ZIP N LAUDERDALE FL 33068 ☐ Change Addition ☐ Delete TITLE WORRELL, JOAN NAME STREET ADDRESS STREET ADDRESS 1810 ISLAND DR CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33023 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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