

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001558

1. Entity Name
CHRISTIAN CRUSADING FOR BETTER HOUSING, INC.

Principal Place of Business

20000 NW 15 AVE
MIAMI, FL 33169

Mailing Address

20000 NW 15 AVE
MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE



04152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0904100

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASON, WILBERT
20000 NW 15 AVE
MIAMI, FL 33169

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when consisting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASON, WILBERT
STREET ADDRESS	2000 NW 15 AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	DVT
NAME	CASON, GLORIA
STREET ADDRESS	2000 NW 15 AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	WALKER, BEATRICE M
STREET ADDRESS	1804 RACQUET CT
CITY-ST-ZIP	N LAUDERDALE, FL 33068
TITLE	D
NAME	WORRELL, JOAN
STREET ADDRESS	1810 ISLAND DR
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/04-80034-022 61.25

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IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 (786) 306-7796
Date Daytime Phone #