

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000035339**

1. Entity Name

CHRISTIANS CRUSADING FOR BETTER HOUSING, INC.



Principal Place of Business

1031 IVEA DAIRY ROAD #249  
MIAMI, FL 33179

Mailing Address

20000 N.W. 15TH AVE.  
MIAMI, FL 33169



04032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASON, WILBERT TC  
20000 N.W. 15TH AVE.  
MIAMI, FL 33169

**DO NOT WRITE  
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CHATMAN-CASON, GLORIA  
STREET ADDRESS 20000 N.W. 15TH AVE.  
CITY-ST-ZIP MIAMI, FL 33169

TITLE D  
NAME CASON, WILBERT TC  
STREET ADDRESS 20000 N.W. 15TH AVE.  
CITY-ST-ZIP MIAMI, FL 33169

TITLE D  
NAME HOPKINS, TIAMARIO  
STREET ADDRESS 6940 N.W. 12TH COURT  
CITY-ST-ZIP PLANTATION, FL 33313

TITLE D  
NAME SMITH, ERICA  
STREET ADDRESS 600 N.W. 141 AVE. #306  
CITY-ST-ZIP PEMBROKE PINES, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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04/20/07-80048-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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

4/9/07 - 786-366-7796  
Date Daytime Phone #