

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ONE OR AFTER AUGUST 8, 1995.
 AMOUNT DUE ON OR BEFORE 8/8/95: \$125 (IF DISSOLVED, AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra D. Northing
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 95 JUL 10 AM 9:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 708677 (0)
 1. Corporation Name
 THE SOUL SAVING STATION OF CHRIST'S CRUSADERS OF FLORIDA, INC.

Principal Place of Business Mailing Address
 1880 WASHINGTON ST 1880 WASHINGTON ST
 OPA LOCKA FL 33054-2875 OPA LOCKA FL 33054-2875

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1965 3a. Date of Last Report 07/11/1994
 4. FEI Number 65-0116450 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status FILING FEE IS \$61.25
 8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
 SHEFFIELD, CAROLYN
 1920 N.W. 175TH ST.
 OPA LOCKA FL

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Carolyn Sheffield *Carolyn Sheffield* June 25, 1995
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHEFFIELD, CAROLYN
STREET ADDRESS	1920 N.W. 175ST
CITY - ST - ZIP	OPA LOCKA FL
TITLE	D
NAME	BRYANT, HERBERT
STREET ADDRESS	4120 N.W. 3RD AVE
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	PHILLIPS, MILDRED
STREET ADDRESS	14235 N.W. 22ND CT.
CITY - ST - ZIP	OPA LOCKA
TITLE	D
NAME	MURRAY, JAMES
STREET ADDRESS	1900 N.W. 171SR STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	THOMAS, EDDIE
STREET ADDRESS	2435 N.W. 159TH TERRACE
CITY - ST - ZIP	OPA LOCKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Evelyn Parks
2.3 STREET ADDRESS	1875 N.W. 157th Street
2.4 CITY - ST - ZIP	OPA LOCKA, FL 33054
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Mildred Phillips
3.3 STREET ADDRESS	262 N.E. 141 Street
3.4 CITY - ST - ZIP	North Miami, FL 33161
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mildred Phillips, Secretary *Mildred Phillips* June 25, 1995 (305) 681-4868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)