

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 708677 (0)**

1. Corporation Name  
**THE SOUL SAVING STATION OF CHRIST'S CRUSADERS OF FLORIDA, INC.**



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

3. Date Incorporated or Qualified <b>03/22/1965</b>	3a. Date of Last Report <b>07/10/1995</b>
4. FEI Number <b>65-0116450</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SHEFFIELD, CAROLYN 1920 N.W. 175TH ST. OPA LOCKA FL</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEFFIELD, CAROLYN</b>	1.2 NAME	
STREET ADDRESS	<b>1920 N.W. 175ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKS, EVELYN</b>	2.2 NAME	
STREET ADDRESS	<b>1875 N.W. 157TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PHILLIPS, MILDRED</del>	3.2 NAME	<b>Mildred Jean</b>
STREET ADDRESS	<b>262 N.E. 141ST STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, JAMES</b>	4.2 NAME	
STREET ADDRESS	<b>1900 N.W. 171SR STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, EDDIE</b>	5.2 NAME	
STREET ADDRESS	<b>2435 N.W. 159TH TERRACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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 Jean** *Mildred Jean* **04-12-96 (205)681-4868**  
Date Daytime Phone #

CR2E037 (12/95)