


FILED
Mar 01, 1999 8:00 am
Secretary of State

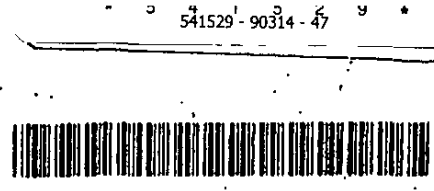
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708677

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/22/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0116450
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 29	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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 81 Name JAMES M. MURRAY 82 Street Address (P.O. Box Number is Not Acceptable) 1900 N.W. 171 STREET 83 OPA LOCKA, FL 84 City FL 85 Zip Code 33055
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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: *James M. Murray* (NOTE: Registered Agent Signature required when re-registering) DATE: **4-7-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEFFIELD, CAROLYN		1.2 NAME MURRAY, JAMES	
STREET ADDRESS 1920 N.W. 175ST		1.3 STREET ADDRESS 1900 N.W. 171 STREET	
CITY-ST-ZIP OPA LOCKA FL		1.4 CITY-ST-ZIP OPA LOCKA, FLORIDA 33056	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARKS, EVELYN		2.2 NAME	
STREET ADDRESS 1875 N.W. 157TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP OPA LOCKA FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JEAN, MILDRED		3.2 NAME	
STREET ADDRESS 262 N.E. 141ST STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURRAY, JAMES		4.2 NAME Glass, Thomas	
STREET ADDRESS 1900 N.W. 171SR STREET		4.3 STREET ADDRESS 2401 N.W. 116 Terr.	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, EDDIE		5.2 NAME	
STREET ADDRESS 2435 N.W. 159TH TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP OPA LOCKA FL		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 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 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, with all other like empowered.

SIGNATURE: *Mildred Jean (Secretary)* 1-20-99 (305) 688-4543

CR2E037 (1/98)