

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90451 031 \*\*\*\*61.25

**DOCUMENT # 708677**

1. Entity Name  
**THE SOUL SAVING STATION OF CHRIST'S CRUSADERS OF FLA.**

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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0116450**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
**MURRAY, JAMES M**  
**1900 NW 171 ST**  
**OPA LOCKA FL 33055**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE *James M Murray (Pastor)*      DATE **2-1-2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MURRAY, JAMES</b>
STREET ADDRESS	<b>1900 NW 171 ST</b>
CITY-ST-ZIP	<b>OPA LOCKA FL 33065</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PARKS, EVELYN</b>
STREET ADDRESS	<b>1875 N.W. 157TH STREET</b>
CITY-ST-ZIP	<b>OPA LOCKA FL</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>JEAN, MILDRED</b>
STREET ADDRESS	<b>262 N.E. 141ST STREET</b>
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GLASS, THOMAS</b>
STREET ADDRESS	<b>2401 NW 116 TERR.</b>
CITY-ST-ZIP	<b>CORAL SPGS FL 33065</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>THOMAS, EDDIE</b>
STREET ADDRESS	<b>2435 N.W. 159TH TERRACE</b>
CITY-ST-ZIP	<b>OPA LOCKA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *James M Murray*      **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-1-2001**      Daytime Phone # **(305) 688 4543**

CP2E037 (10/00)