

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90057 011 ****61.25

DOCUMENT # 708677

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0116450

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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* PASTOR JAMES M. MURRAY January 15, 2002 PH 305 688 4543

CR2E037 (9/01)