

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90048 031 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0116450

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P**  Delete  
NAME **MURRAY, JAMES**  
STREET ADDRESS **1900 NW 171 ST**  
CITY-ST-ZIP **OPA LOCKA FL 33065**

TITLE **D**  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **JEAN, MILDRED**  
STREET ADDRESS **262 N.E. 141ST STREET**  
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **D**  Delete  
NAME **GLASS, THOMAS**  
STREET ADDRESS **2401 NW 116 TERR.**  
CITY-ST-ZIP **CORAL SPGS FL 33065**

TITLE **D**  Delete  
NAME **THOMAS, EDDIE**  
STREET ADDRESS **2435 N.W. 159TH TERRACE**  
CITY-ST-ZIP **OPA LOCKA FL**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-16-04**  
Date

**305-6884543**  
Daytime Phone #