


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90075 015 \*\*\*\*70.00

**DOCUMENT # 708677**

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



40057636



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

04122005 Chg-NP CR2E037 (10/03)

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. 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 reappointing) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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	<input type="checkbox"/> Delete
NAME	MURRAY, JAMES	
STREET ADDRESS	1900 NW 171 ST	
CITY- ST- ZIP	OPA LOCKA, FL 33065	
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		
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		
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)(f), 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: Mildred Jean / Mildred Jean (Sec.) 04/13/05 305-688-4543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #