

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90118 005 ****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**

20002446



2. Principal Place of Business
1880 WASHINGTON AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
1880 WASHINGTON AVENUE
 Suite, Apt. #, etc.

01182006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0116450

Applied For
 Not Applicable

Zip Country

Zip Country

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 reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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 33055	
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 checked="" 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	2436 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	1880 WASHINGTON AVENUE	
CITY-ST-ZIP	OPA LOCKA, FL 33054-2875	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1880 WASHINGTON AVENUE	
CITY-ST-ZIP	OPA LOCKA, FL 33054-2875	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, MATTIE	
STREET ADDRESS	1880 WASHINGTON AVENUE	
CITY-ST-ZIP	OPA LOCKA, FL 33054-2875	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1880 WASHINGTON AVENUE	
CITY-ST-ZIP	OPA LOCKA, FL 33054-2875	
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 exemptions contained in Chapter 119, 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 **JAMES M. MURRAY** 1-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #