


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90044 048 ****61.25

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



Principal Place of Business
**1880 WASHINGTON AVE
 OPA LOCKA, FL 33054-2875**

Mailing Address
**1880 WASHINGTON AVE
 OPA LOCKA, FL 33054-2875**

460000



01262008 No Chg-NP CR2E037 (4/06)

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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, JASON M.
 1885 E. 2ND STREET
 SUITE 400
 MIAMI, FL 33131**

*100 S.E. 2nd Street,
 Suite 400
 Miami, FL 33131*

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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 *Jason M. Murray* DATE *2/13/08*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURRAY, JAMES
STREET ADDRESS	1880 WASHINGTON AVE
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	S
NAME	JEAN, MILDRED
STREET ADDRESS	1880 WASHINGTON AVE
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	D
NAME	THOMAS, EDDIE
STREET ADDRESS	1880 WASHINGTON AVE
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	P
NAME	Murray, Jason M.
STREET ADDRESS	1880 Washington Ave
CITY-ST-ZIP	Opa Locka, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 *Jason M. Murray* Date *Feb 16 - 2008* Daytime Phone *305-6884543*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR