



**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

02-13-2003 90207 043 ****61.25

DOCUMENT # 708677					
1. Entity Name THE SOUL SAVING STATION OF CHRIST'S CRUSADERS OF FLORIDA, INC.					
Principal Place of Business 1890 WASHINGTON ST OPA LOCKA FL 33054-2875		Mailing Address 1890 WASHINGTON ST OPA LOCKA FL 33054-2875			
2. Principal Place of Business		3. Mailing Address			
Suits, Apt. #, etc.		Suits, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0116450	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature included when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURRAY, JAMES		NAME		
STREET ADDRESS	1900 NW 171 ST		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33055		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKS, EVELYN		NAME		
STREET ADDRESS	1875 N.W. 157TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEAN, MILDRED		NAME		
STREET ADDRESS	262 N.E. 141ST STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLASS, THOMAS		NAME		
STREET ADDRESS	2401 NW 116 TERR.		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL 33065		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, EDDIE		NAME		
STREET ADDRESS	2435 N.W. 159TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: <i>M. SIGNATURE REQUIRED</i>		Feb. 11, 2003		305-688-4543	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXEMPT OFFICER OR DIRECTOR</small>					

CR20037 (10/02)