

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19356

**Entity Name:** CRUSADE MISSION A.M.E. CHURCH OF DADE COUNTY, FLORIDA, INC.

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC2777544370**

**Current Principal Place of Business:**

2801 NW 209TH TER  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

C/O LEONARD COLES  
2801 NW 209TH TER.  
MIAMI GARDENS, FL 33056

**FEI Number: 27-0491459**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

COLES, LEONARD  
2801 NW 209TH TER.  
MIAMI GARDENS, FL 33056 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WILCOX, BOBBY L  
Address 2960 NW 164 ST  
City-State-Zip: MIAMI GARDENS FL 33054

Title VP, TREASURER, DIRECTOR  
Name COLES, SHIRLEY K  
Address 2801 NW 209TH TER  
City-State-Zip: MIAMI GARDENS FL 33056

Title PRESIDENT, DIRECTOR  
Name COLES, LEONARD  
Address 2801 NW 209TH TER  
City-State-Zip: MIAMI GARDENS FL 33056

Title SECRETARY, DIRECTOR  
Name COLES, TEQUICHA L  
Address 2761 NW 209TH TER  
City-State-Zip: MIAMI GARDENS FL 33056

Title DIRECTOR  
Name COLES, KELVIN L  
Address 1212 STATD RD NW  
City-State-Zip: PALM BAY FL 32907

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LEONARD COLES**

**DIRECTOR**

**04/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date