

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Montam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 15 PH 3:19

DOCUMENT # 707860 (3)

1. Corporation Name  
THE CROSS ROAD CRUSADERS FOR CHRIST, INC.

Principal Place of Business Mailing Address  
4600 CYPRESS GARDENS ROAD 4600 CYPRESS GARDENS ROAD  
CYPRESS GARDENS FL 33884-2929 CYPRESS GARDENS FL 33884-2929

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1964 3a. Date of Last Report 02/11/1994  
4. FEI Number 59-6161990 Applied For Not Applicable

2. Principal Place of Business 26. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 = 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
OLSEN, WILLIAM  
4600 CYPRES GARDENS ROAD  
CYPRESS GARDENS FL 33880

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RUSSELL, REV LEE
STREET ADDRESS	300 W 49TH ST APT 801
CITY-ST-ZIP	NEW YORK, NY 00000
TITLE	D
NAME	PACK, REV CHARLES
STREET ADDRESS	PO BOX 13 N/A
CITY-ST-ZIP	TULSA, OKLAHOMA 00000
TITLE	D
NAME	WILLIAMS, REV KEITH
STREET ADDRESS	PO BOX 545 N/A
CITY-ST-ZIP	WATERTOWN, S DAKOTA 00000
TITLE	ST
NAME	OLSEN, GRACE E
STREET ADDRESS	4600 CYPRESS GARDENS RD
CITY-ST-ZIP	CYPRESS GDS, FL 00000
TITLE	P
NAME	OLSEN, WILLIAM
STREET ADDRESS	4600 CYPRESS GARDENS RD
CITY-ST-ZIP	CYPRESS GDS, FL 00000
TITLE	V
NAME	JOHNSEN, J THEO
STREET ADDRESS	530 S CENTRAL AVE #9
CITY-ST-ZIP	OVIEDO, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Olson William Olson 1/18/95 1/14/324/4062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Initials) (Tax ID #)