

FILE NOW: FILING FEE IS \$61.25

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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707860 (3)
1. Corporation Name
THE CROSS ROAD CRUSADERS FOR CHRIST, INC.



Principal Place of Business 4600 CYPRESS GARDENS ROAD CYPRESS GARDENS FL 33884-2929	Mailing Address 4600 CYPRESS GARDENS ROAD CYPRESS GARDENS FL 33884-2929
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3. Date Incorporated or Qualified 09/22/1964	3a. Date of Last Report 01/26/1996
4. FEI Number 59-6161990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PACK, REV CHARLES
STREET ADDRESS	PO BOX 13 N/A
CITY-ST-ZIP	TULSA, OKLAHOMA 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, REV KEITH
STREET ADDRESS	PO BOX 545 N/A
CITY-ST-ZIP	WATERTOWN, S DAKOTA 00000
TITLE	ST <input type="checkbox"/> DELETE
NAME	OLSEN, GRACE E
STREET ADDRESS	4600 CYPRESS GARDENS RD
CITY-ST-ZIP	CYPRESS GDS, FL 00000
TITLE	P <input type="checkbox"/> DELETE
NAME	OLSEN, WILLIAM
STREET ADDRESS	4600 CYPRESS GARDENS RD
CITY-ST-ZIP	CYPRESS GDS, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	Joseph C. Adams
STREET ADDRESS	145 Christina Rd W, Lakeland, Fla
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	Victoria J. Adams
STREET ADDRESS	145 Christina Rd W, Lakeland, Fla
CITY-ST-ZIP	

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Grace E. Olsen GRACE E OLSEN 1/8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054888

CR2E037 (9/96)