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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707860

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

272486-90113-13 * *

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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2. Principal Place of Business 21	2a. Mailing Address 26 WINTER HAVEN, FL	3. Date Incorporated or Qualified 09/22/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6161990
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent OLSEN, GRACE E OLSEN, WILLIAM 4600 CYPRESS GARDENS ROAD CYPRESS GARDENS FL 33880	10. Name and Address of New Registered Agent 81 Name OLSEN, GRACE E. 82 Street Address (P.O. Box Number is Not Acceptable) 4600 CYPRESS GARDENS RD 83 WINTER HAVEN, FLA 84 City FL 85 Zip Code 33884
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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 Grace E. Olsen DATE _____

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLSEN, GRACE E		1.2 NAME	
STREET ADDRESS 4600 CYPRESS GARDENS RD		1.3 STREET ADDRESS	
CITY-ST-ZIP CYPRESS GDS, FL 00000		1.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLSEN, WILLIAM		2.2 NAME	
STREET ADDRESS 4600 CYPRESS GARDENS RD		2.3 STREET ADDRESS	
CITY-ST-ZIP CYPRESS GDS, FL 00000		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOSEPH C. ADAMS		3.2 NAME	
STREET ADDRESS 145 CHRISTINA RD. E		3.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VICTORIA J. ADAMS		4.2 NAME	
STREET ADDRESS 145 CHRISTINA RD. W		4.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		4.4 CITY-ST-ZIP	
TITLE P JACK ROSE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 220 LAKE LIND RD		5.2 NAME	
STREET ADDRESS WINTER HAVEN, FLA		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D PATRICIA ROSE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 220 LAKE LIND RD		6.2 NAME	
STREET ADDRESS WINTER HAVEN, FLA		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: GRACE E. OLSEN DATE 9/11/32/4062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)