

DOCUMENT # 707860
1. Entity Name
THE CROSS ROAD CRUSADERS FOR CHRIST, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90056 017 ****61.25



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-6161990** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSEN, GRACE
4600 CYPRES GARDENS ROAD
WINTER HAVEN FL 33884

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.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ST** Delete
NAME **OLSEN, GRACE E**
STREET ADDRESS **4600 CYPRESS GARDENS RD**
CITY-ST-ZIP **CYPRESS GARDENS FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Delete
NAME **ROSE, JACK**
STREET ADDRESS **220 LAKE LINE ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **JOSEPH C. ADAMS**
STREET ADDRESS **145 W CHRISTINA AVE**
CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **VICTORIA J. ADAMS**
STREET ADDRESS **145 CHRISTINA RD. W**
CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **ROSE, PATRICIA**
STREET ADDRESS **220 LAKE LINE ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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)(i), 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: *GRACE E. OLSEN* **GRACE E. OLSEN** 1/8/2001 863-324-4062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #