


FILE NOW: FILING FEE IS \$61.25

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Apr 17 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 # N42830 (2)

1. Corporation Name
T. QUACKENBOS CRUSADES, INC.



Principal Place of Business 3720 OKEECHOBEE RD PT ST LUCIE FL 34953 US	Mailing Address 1332 SW PATRICIA AVE PT ST LUCIE FL 34953-4903
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3. Date Incorporated or Qualified 04/03/1991	3a. Date of Last Report 03/25/1996
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2. Principal Place of Business 21 3720 Okeechobee Road	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Pierce, FL	City & State 28
Zip 24 34947	Country 25 US
Country 29	Country 30

4. FEI Number 65-0257331	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	

9. Name and Address of Current Registered Agent

**QUACKENBOS, TIMOTHY SR.
1332 SW PATRICIA AVE
PT ST LUCIE FL 34953**

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUACKENBOS, TIMOTHY SR. 1332 SW PATRICIA AVE PT ST LUCIE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BENDER, MARK S. 1040 NW 16TH ST STUART FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS QUACKENBOS, VICTORIA 1332 SW PATRICIA AVE PT. ST. LUCIE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

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 checked="" type="checkbox"/> Addition
3.2 NAME	TS Dunning, Teresa A.
3.3 STREET ADDRESS	2644 S.W. Dalpina Road
3.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Dunning, John R.
4.3 STREET ADDRESS	2644 S.W. Dalpina Road
4.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Condon, Merle
5.3 STREET ADDRESS	602 S. 15th Court
5.4 CITY-ST-ZIP	Fort Pierce, FL 34950
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Cherry, Robert
6.3 STREET ADDRESS	3318 Orange Avenue, Lot 37
6.4 CITY-ST-ZIP	Fort Pierce, FL 34947

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: *Teresa A. Dunning* **REQUIRED** Date: **3-30-97** **561/460-1317**

CR2E037 (9/96)