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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42830**

(2)

1. Corporation Name

**T. QUACKENBOS CRUSADES, INC.**

Principal Place of Business

Mailing Address

**3720 OKEECHOBEE RD  
FT PIERCE FL 34947  
US**

**1332 SW PATRICIA AVE  
PT ST LUCIE FL 34953**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **345 W. Weatherbee Rd. #150**

22 City & State

Suite, Apt. #, etc.

27 **Ft Pierce, FL**

23 Zip

Country

28 Zip

Country

24

25

29

**34982**

30

**FL**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/03/1991**

4. FEI Number

**65-0257331**

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**345 W. Weatherbee Rd**

83

**Ft Pierce,**

84 City

**FL**

85 Zip Code

**34982**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP  
QUACKENBOS, TIMOTHY SR.**  
STREET ADDRESS **1332 SW PATRICIA AVE**  
CITY-ST-ZIP **PT ST LUCIE FL**

TITLE ☐ DELETE

NAME **DVP  
BENDER, MARK S.**  
STREET ADDRESS **1040 NW 16TH ST**  
CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE

NAME **TS  
DUNNING, TERESA A**  
STREET ADDRESS **2844 SW DALPINA RD**  
CITY-ST-ZIP **PT ST LUCIE FL 34953**

TITLE ☐ DELETE

NAME **D  
DUNNING, JOHN R**  
STREET ADDRESS **2844 SW DALPINA RD**  
CITY-ST-ZIP **PT ST LUCIE FL 34953**

TITLE ☐ DELETE

NAME **D  
CONDON, MERLE**  
STREET ADDRESS **602 S 15TH CT**  
CITY-ST-ZIP **FT PIERCE FL 34950**

TITLE ☐ DELETE

NAME **D  
CHERRY, ROBERT**  
STREET ADDRESS **3318 ORANGE AVENUE, LOT 37**  
CITY-ST-ZIP **FORT PIERCE FL 34947**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**345 W. Weatherbee, Rd  
Ft Pierce, FL 34982**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: **Timothy Quackenbos Sr.**

**Timothy Quackenbos Sr.**

**1/31/98**

**466 8532**

CP2E037 (10/97)