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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 # N42830

1. Corporation Name

T. QUACKENBOS CRUSADES, INC.

Principal Place of Business

3720 OKEECHOBEE RD
 FT PIERCE FL 34947
 US

Mailing Address

345 W WEATHERBEE RD
 FT PIERCE FL 34982
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/03/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0257331
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUACKENBOS, TIMOTHY SR.
 245 W. WEATHERBEE RD.
 FT. PIERCE FL 34982

81 Name

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

345 W. Weather Bee #150

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	0 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUACKENBOS, TIMOTHY SR.	1.2 NAME	ANTHONY Jacques
STREET ADDRESS	345 W. WEATHERBEE RD.	1.3 STREET ADDRESS	1806 Colonial Rd.
CITY-ST-ZIP	FT PIERCE FL 34982	1.4 CITY-ST-ZIP	FT. Pierce, FL 34950
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENDER, MARK S.	2.2 NAME	MARIE F Jacques
STREET ADDRESS	1040 NW 16TH ST	2.3 STREET ADDRESS	1806 Colonial Rd.
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	FT. Pierce, FL 34950
TITLE	TS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/TA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNNING, TERESA A	3.2 NAME	BENJAMIN C Phillips
STREET ADDRESS	2644 SW DALPINA RD	3.3 STREET ADDRESS	2491 Keen Rd.
CITY-ST-ZIP	PT ST LUCIE FL 34953	3.4 CITY-ST-ZIP	FT. Pierce, FL 34946
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNING, JOHN R	4.2 NAME	
STREET ADDRESS	2644 SW DALPINA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34953	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDON, MERLE	5.2 NAME	
STREET ADDRESS	602 S 15TH CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34950	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, ROBERT	6.2 NAME	
STREET ADDRESS	3318 ORANGE AVENUE, LOT 37	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34947	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 *Timothy Quackenbos Sr* **SIGNATURE REQUIRED** *Timothy Quackenbos Sr* **DATE** *4/6/99* **DAYTIME PHONE #** *561-460-1317*

CR2037 (1/98)