

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42830

FILED
Apr 04, 2006
Secretary of State

Entity Name: T. QUACKENBOS CRUSADES, INC.

Current Principal Place of Business:

3720 OKEECHOBEE RD
FT PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

3720 OKEECHOBEE RD
FT PIERCE, FL 34947 US

New Mailing Address:

FEI Number: 65-0257331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUACKENBOS, TIMOTHY SR.
7906 WESTMONT DR.
FT. PIERCE, FL 34951 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: QUACKENBOS, TIMOTHY S REV.
Address: 7906 WESTMONT DR.
City-St-Zip: FT. PIERCE, FL 34951 US

Title: DS () Delete
Name: PARKER, CHRISTINE
Address: 13491 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34945

Title: D () Delete
Name: PARKER, ROY ELDER
Address: 13491 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34945

Title: D () Delete
Name: CHASTAIN, GLENN R REV.
Address: 2605 SENECA AV
City-St-Zip: FT. PIERCE, FL 34946 US

Title: D () Delete
Name: ALLEN, JOHN A
Address: 1550 LAWNWOOD CIR.
City-St-Zip: FT. PIERCE, FL 34947

Title: DT () Delete
Name: BOYD, RUAL A
Address: 9413 HORTON RD
City-St-Zip: FORT PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. TIMOTHY QUACKENBOS

PRES

04/04/2006

Electronic Signature of Signing Officer or Director

Date