

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42830

Entity Name: T. QUACKENBOS CRUSADES, INC.**Current Principal Place of Business:**7906 WESTMONT DR.
FT PIERCE, FL 34951**Current Mailing Address:**7906 WESTMONT DR.
FT PIERCE, FL 34951 US**FEI Number:** 65-0257331**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TIMOTHY, QUACKENBOS -REV.
7906 WESTMONT DR.
FT. PIERCE, FL 34951 US*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**Officer/Director Detail :**

Title	DP
Name	QUACKENBOS, TIMOTHY SREV.
Address	7906 WESTMONT DR.
City-State-Zip:	FT. PIERCE FL 34951

Title	DS
Name	RADICA, QUACKENBOS
Address	7906 WESTMONT DR
City-State-Zip:	FORT PIERCE FL 34951

Title	D
Name	HARRISON, EVERETT ELDER
Address	2796 CO RD. 110
City-State-Zip:	JACK AL 36346

Title	D
Name	MARGARET, HARRISON
Address	2796 CO RD.110
City-State-Zip:	JACK AL 36346

Title	D
Name	PANGBURN, CALVIN KD
Address	1630 W. DAUGHTERY RD
City-State-Zip:	LAKELAND FL 33810

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY QUACKENBOS**PRES****03/09/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date