

**2016 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

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC3181282744**

**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: REV. TIMOTHY QUACKENBOS SR.**

**PRES.**

**02/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date