

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000006981

**FILED**  
**Jan 25, 2024**  
**Secretary of State**  
**4615386313CC**

**Entity Name:** GRANT'S CRUSADE, INC.

**Current Principal Place of Business:**

430 GRAND BAY DRIVE  
APT 1201  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

333 W. BOULEVARD  
SUITE 305  
RAPID CITY, SD 57701 US

**FEI Number:** 85-3796811

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURILLO, JAVIER  
430 GRAND BAY DRIVE  
APT 1201  
KEY BISCAYNE, FL 33149 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:** JAVIER BURILLO

01/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, TREASURER, PRESIDENT  
Name BURILLO, JAVIER  
Address 430 GRAND BAY DRIVE  
APT 1201  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP, SECRETARY  
Name BURILLO ALEMAN, ALEXANDRA P  
Address 2 CAMPDEN HILL RAOD  
FLAT 49  
City-State-Zip: LONDON UK 00000

Title DIRECTOR  
Name BURILLO, EMILIO  
Address 5331 CHANDLER WAY  
City-State-Zip: AVE MARIA FL 34142

Title DIRECTOR  
Name DODGEN, PAM  
Address 650 TOWN CENTER DRIVE  
STE 1650  
City-State-Zip: COSTA MESA CA 92626

Title DIRECTOR  
Name DODGEN, DANIEL  
Address 650 TOWN CENTER DRIVE  
STE 1650  
City-State-Zip: COSTA MESA CA 92626

Title DIRECTOR  
Name PRITCHARD, MICHAEL  
Address 229 MARK TWAIN AVENUE  
City-State-Zip: SAN RAFAEL CA 94903

Title DIRECTOR  
Name ALEMAN, MIGUEL  
Address ALTE LANDSTRABE 22  
City-State-Zip: OTTOBRUNN GERMANY 85521

Title DIRECTOR  
Name ALEMAN, JAVIER  
Address 748 ADOBE CANYON ROAD  
City-State-Zip: KENWOOD CA 95452

**Continues on page 2**

*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:** JAVIER BURILLO

PRESIDENT

01/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name APARICIO, CARLA  
Address 701 W. LIONSHEAD CIRCLE  
UNIT E203  
City-State-Zip: VAIL CO 81657

Title DIRECTOR  
Name DURAZO, EDUARDO  
Address 2020 PONCE DE LEON BLVD  
#1008  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name BALATTI, PAUL  
Address 4863 OLD REDWOOD HWY  
STE I  
City-State-Zip: SANTA ROSA CA 95403

Title DIRECTOR  
Name EDWARDS, MARK  
Address 61 PIERREPONT STREET  
#11  
City-State-Zip: BROOKLYN NY 11201