


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 702088</b> 1. Entity Name <b>WORLD FOR CHRIST CRUSADE INC</b>	
---	---

Principal Place of Business <b>10170 SE GOMEZ AVE HOBE SOUND, FL 33455</b>	Mailing Address <b>1005 UNION VALLEY RD WEST MILFORD, NJ 07480</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>22-6063975</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FINNEY, CARY  
10170 SE GOMEZ AVE  
HOBE SOUND, FL 33455**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STELPSTRA, REV. WILLIAM 1005 UNION VALLEY RD W MILFORD, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STORMS, LINDA 1005 UNION VALLEY RD. WEST MILFORD, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STELPSTRA, ANNA 1005 UNION VALLEY RD W.MILFORD, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUETTMAN, NANCY 17076 HIGHWAY 32 N PINETOWN, NC 27865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000578665  
01/09/07-80038-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

**SIGNATURE:** *Rev. William Stelpstra* - **REV. WILLIAM STELPSTRA** 1/4/07-973728-3267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #