

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # 702088	
1. Entity Name WORLD FOR CHRIST CRUSADE INC	

Principal Place of Business 10170 SE GOMEZ AVE HOBE SOUND FL 33455	Mailing Address 1005 UNION VALLEY RD WEST MILFORD NJ 07480
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2. Principal Place of Business - No P.O. Box # 10170 SE Gomez Ave	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hobe Sound, FL	City & State
Zip 33455	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 22-6063975	Applied For ☐
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FINNEY, CARY 10170 SE GOMEZ AVE HOBE SOUND FL 33455	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STELPSTRA, REV. WILLIAM 1005 UNION VALLEY RD W MILFORD NJ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000800930 ☐ Change ☐ Addition 01/31/08-80035-026 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STORMS, LINDA 1005 UNION VALLEY RD. WEST MILFORD NJ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STELPSTRA, ANNA 1005 UNION VALLEY RD W.MILFORD NJ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUETTMAN, NANCY 17076 HIGHWAY 32 N PINETOWN NC 27865 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE *Rev. William Stelpstra*

January 22, 2008