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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

704577

(6)

CRUSADERS FOR CHRIST EVANGELISTIC ASSOCIATION, I										
NC.										
Principal Place of Business Mailing Address								IIBI BARA I		010H BIBH 100H
8426 HIXSON PIKE 8426 HIXSON PIKE P.O. BOX 387 P.O. BOX 387										
HIXSON TN 37343				HIXSON TN 37343-0387			3. Date Incorporated or Qualified 09/26/1962	3a. D	05/01/1	Report 996
2. Principal P	lace of Busin	ess	2a. Maili	ng Address		····	4. FEI Number		A	pplied For
21			26	Suite, Apt. #, etc.			13-0670457			lot Applicable
Suite, Apt.	₩, etC.		27	— ' ·			5. Certificate of Status Desired			Additional Required
City & State			— — ·	City & State			6. Election Campaign Financing \$5.00 May Be			
23 Zin	<u> </u>			Zip Country			Trust Fund Contribution Added to Fees			
24 24	Country 25		— ·	29 30		,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No			
		and Address of Cu	11	Agent			10. Name and Address of New Re			
					81	Name				
	DOROTHY				82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
1432 19 SOUTHI	SI SI. PORT FL 3:	2409			83					
		- 1 - 1			84	City		FL	85 Zip	Code
11. Pursuant	to the provisi	ons of Sections 617	.0502 and 617.150	08, Florida Statute	es, the above	e-named cor	rporation submits this statement for the p		of changing	its registered
office or r agent. I a	registered ag ım familiar wi	ent, or both, in the S th, and accept the o	State of Florida. Sur bligations of, Sect	ich change was a lion 617.0503, Flo	authorized by orida Statute	y the corpore	rporation submits this statement for the pation's board of directors. I hereby acce	ot the ap	pointment a	s registered
SIGNATURE ,										
12,	Signature, typed	or printed name of registere OFFICERS	AND DIRECTORS		13.	ent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AN	D DIRECTO	RS IN 12
TITLE	VD			DELETE	1.1 TITLE				Change	
NAME	CHACKE									
	OMICACI	., NINA			1.2 NAME					
STREET ADDRESS	3535 M	OUNTAIN CREEK	RD., APT. 1703	ŀ		T ADDRESS				
STREET ADDRESS CITY+ST-ZIP	3535 M CHATTA		RD., APT. 1703			l l				
	3535 M CHATTA ST	DUNTAIN CREEK NOOGA TN	RD., APT. 1703	☐ DELETE	1.3 STREET 1.4 CITY-5 2.1 TITLE	l l		· <u> </u>	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME	3535 M CHATTA ST DUNN,	OUNTAIN CREEK NOOGA TN WILLIAM M	RD., APT. 1703		1.3 STREET 1.4 CHY-S 2.1 TITLE 2.2 NAME	ST-ZIP		42	☐ Change	☐ Addition
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4-8-97 (423) 842-2 83
Date Dayline Phone * 0075827

FILED

Apr 16 1997 8:00am

Secretary of State

CR2E037 (9/96)