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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

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1. Corporation Name

CRUSADERS FOR CHRIST EVANGELISTIC ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

8426 HIXSON PIKE
P.O. BOX 387
HIXSON TN 37343

8426 HIXSON PIKE
P.O. BOX 387
HIXSON TN 37343



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNN, DOROTHY
1432 1ST ST.
SOUTHPORT FL 32409

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME SMIGIEL, NINA
STREET ADDRESS 3535 MOUNTAIN CREEK RD., APT. 1703
CITY-ST-ZIP CHATTANOOGA TN

1.1 TITLE VD
1.2 NAME Nina Smigiel New Address
1.3 STREET ADDRESS 8817 Windhaven Dr.
1.4 CITY-ST-ZIP Ooltewah, Tenn. 37363

TITLE ST
NAME DUNN, WILLIAM M
STREET ADDRESS 2407 HOLLY HILL RD
CITY-ST-ZIP SODDY TN

2.1 TITLE ST
2.2 NAME Walter S. Smigiel
2.3 STREET ADDRESS 8817 Windhaven Dr.
2.4 CITY-ST-ZIP Ooltewah, Tenn. 37363

TITLE D
NAME DUNN, DEBRA L.
STREET ADDRESS 101 MASTERS RD
CITY-ST-ZIP HIXSON TN 37343

3.1 TITLE D
3.2 NAME William M. DUNN
3.3 STREET ADDRESS 2407 Holly Hill Rd.
3.4 CITY-ST-ZIP Soddy, Tenn. 37379

TITLE PD
NAME DUNN, MRS DOROTHY
STREET ADDRESS 1432 1ST ST.
CITY-ST-ZIP SOUTHPORT FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME PIPPIN, MRS ALICE
STREET ADDRESS 1432 1ST ST.
CITY-ST-ZIP SOUTHPORT FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D
6.2 NAME Wanda Reed
6.3 STREET ADDRESS 3535 Mountain Creek Rd.
6.4 CITY-ST-ZIP Concept 21 - apt. 905 Chattanooga, Tenn. 37415

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Dorothy Dunn (423)
DOROTHY DUNN 842-2183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD2EN37 11/09A