2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 04, 2004 8:00 am Secretary of State **DOCUMENT # 704577** 1. Entity Name 02-04-2004 90092 050 \*\*\*\*61.25 CRUSADERS FOR CHRIST EVANGELISTIC ASSOCIATION, INC. Principal Place of Business Mailing Address 8426 HIXSON PIKE P.O. BOX 387 HIXSON TN 37343 HIXSON TN 37343 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 13-0670457 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUNN, DOROTHY - 14-13 Brickyars Rs. Apt. 19 Street Address (P.O. Box Number is Not Acceptable) chipley, Fla. 1435-1ST ST. SOUTHPORT FL 32409 Zip Code 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Director Debra Dunn TITLE Delete TITLE Addition Addition SMIGIEL, NINA NAME NAME JA4 Gia ce bak Dx ~~ 0 8817 WINDHAVEN DRIVE STREET ADDRESS STREET ADDRESS ODLTEWAH TN 37363 Dunlap, Tenn 37327 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition SMIGIEL, WALTER S NAME NAME 8817 WINDHAVEN DRIVE STREET ADDRESS STREET ADDRESS **ODLTEWAH TN 37363** CITY-ST-ZIP CITY-ST-ZIP Director william M. Je TITLE Delete Addition 2407 Hony Hill Ro DUNN; WILLIAM-M-, NAME NAME? 2407 HOLLY HILL ROAD STREET ADDRESS STREET ADDRESS **SODDY TN 37379** 50004, Tenn. 37379 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE DUNN, MRS DOROTHY NAME NAME DUNA, Mrs. Doroth 1435 15T ST. 1413 Brickyars RE. APT. 19 1413 Brick yard R. - agt. Va STREET ADDRESS STREET ADDRESS SOUTHPORT-FL Chipley, Fia. 32428 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition PIPPIN, MRS ALICE NAME NAME Piggin, mas. Alice 1435.1SI.ST-1413 Brickyars RE. Apt. 19 STREET ADDRESS STREET ADDRESS 1413 Brickyars Rz - Apt. 19 SOLITHPORT FL Chiqley, Fla. 32428 CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Delete TITLE Addition REED, WANDA NAME NAME 3535 MOUNTAIN CREEK ROAD STREET ADDRESS STREET ADDRESS CHATTANOOGA TN 37415 CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: Destry Duyun DOROTHY T (423) 842·2183

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.