


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90133 048 *****61.25

DOCUMENT # 704577		
1. Entity Name CRUSADERS FOR CHRIST EVANGELISTIC ASSOCIATION, INC.		

Principal Place of Business 8426 HIXSON PIKE HIXSON TN 37343	Mailing Address P.O. BOX 387 HIXSON TN 37343
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 13-0670457		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUNN, DOROTHY 1413 BRICKYARD RD. APT. 19 CHIPLEY FL 32428		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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD SMIGIEL, NINA 8817 WINDHAVEN DRIVE ODLTEWAH TN 37363 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	William M. Dunn, Jr. #1 - Woodhill Lookout Mountain, TN 37350 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SMIGIEL, WALTER S 8817 WINDHAVEN DRIVE ODLTEWAH TN 37363 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNN, DEBRA 224 BIG CEDAR DRIVE DUNLAP TN 37327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUNN, MRS DOROTHY 1435 1ST ST. SOUTHPORT FL <input type="checkbox"/> Delete <i>change of address</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D. Dorothy Dunn 1413 Brickyard Rd, SPT. 19 ChIPLEY, Florida 32428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIPPIN, ALICE 1413 BRICKYARD RD., SPT. 19 CHIPLEY FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REED, WANDA 3535 MOUNTAIN CREEK ROAD CHATTANOOGA TN 37415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: DOROTHY DUNN - Dorothy Dunn 4-6-05 (423)842-2183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #