

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704577

FILED
Mar 19, 2009
Secretary of State

Entity Name: CRUSADERS FOR CHRIST EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

8426 HIXSON PIKE
HIXSON, TN 37343

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 387
HIXSON, TN 37343

New Mailing Address:

FEI Number: 13-0670457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, DOROTHY
1413 BRICKYARD RD.
APT. 19
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SMIGIEL, NINA
Address: 8817 WINDHAVEN DRIVE
City-St-Zip: ODLTEWAH, TN 37363

Title: ST () Delete
Name: SMIGIEL, WALTER S
Address: 8817 WINDHAVEN DRIVE
City-St-Zip: ODLTEWAH, TN 37363

Title: D () Delete
Name: DUNN, DEBRA
Address: 1828 ROCK BLUFF RD
City-St-Zip: HIXSON, TN 37343

Title: PD () Delete
Name: DUNN, MRS DOROTHY,
Address: 1413 BRICKYARD RD STE 19
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: PIPPIN, ALICE
Address: 1413 BRICKYARD RD., SPT. 19
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: DUNN JR, WILLIAM M
Address: 1 WOODHILL
City-St-Zip: LOOKOUT MOUNTAIN, TN 37350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MRS. DOROTHY DUNN

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date