

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707860 (3)

1. Corporation Name

THE CROSS ROAD CRUSADERS FOR CHRIST, INC.



Principal Place of Business

Mailing Address

**4600 CYPRESS GARDENS ROAD
CYPRESS GARDENS FL 33884-2929**

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CYPRESS GARDENS FL 33884-2929**

3. Date Incorporated or Qualified
09/22/1964

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-6161990

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLSEN, WILLIAM
4600 CYPRES GARDENS ROAD
CYPRESS GARDENS FL 33880**

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 time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **RUSSELL, REV LEE**
STREET ADDRESS **300 W 49TH ST APT 801**
CITY-ST-ZIP **NEW YORK, NY 00000**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PACK, REV CHARLES**
STREET ADDRESS **PO BOX 13 N/A**
CITY-ST-ZIP **TULSA, OKLAHOMA 00000**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILLIAMS, REV KEITH**
STREET ADDRESS **PO BOX 545 N/A**
CITY-ST-ZIP **WATERTOWN, S DAKOTA 00000**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **ST** ☐ DELETE
NAME **OLSEN, GRACE E**
STREET ADDRESS **4600 CYPRESS GARDENS RD**
CITY-ST-ZIP **CYPRESS GDS, FL 00000**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **OLSEN, WILLIAM**
STREET ADDRESS **4600 CYPRESS GARDENS RD**
CITY-ST-ZIP **CYPRESS GDS, FL 00000**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **V** ☒ DELETE
NAME **JOHNSON, J THEO**
STREET ADDRESS **539 S CENTRAL AVE #9**
CITY-ST-ZIP **OVIEDO, FL 00000**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Grace E. Olsen* — **GRACE E OLSEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27, 1996 **324-4062**
Date Daytime Phone #

CR2E037 (12/95)