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Jan 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
01/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-6161990

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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 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	D	<input checked="" type="checkbox"/> DELETE
NAME	PACK, REV CHARLES	
STREET ADDRESS	PO BOX 13 N/A	
CITY-ST-ZIP	TULSA, OKLAHOMA 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, REV KEITH	
STREET ADDRESS	PO BOX 545 N/A	
CITY-ST-ZIP	WATERTOWN, S DAKOTA 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	OLSEN, GRACE E	
STREET ADDRESS	4600 CYPRESS GARDENS RD	
CITY-ST-ZIP	CYPRESS GDS, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	OLSEN, WILLIAM	
STREET ADDRESS	4600 CYPRESS GARDENS RD	
CITY-ST-ZIP	CYPRESS GDS, FL 00000	
TITLE	D Joseph C. Adams	<input type="checkbox"/> DELETE
NAME	145 Christina Rd E, Lakeland	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D VICTORIA J. Adams	<input type="checkbox"/> DELETE
NAME	145 Christina Rd W.	
STREET ADDRESS	Lakeland, Fla	
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Grace E. Olsen GRACE E OLSEN

1/8/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054888

CR2E037 (9/96)