


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90075 040 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 707860</b>			
<b>1. Corporation Name</b> <b>THE CROSS ROAD CRUSADERS FOR CHRIST, INC.</b>			
<b>Principal Place of Business</b> 4600 CYPRESS GARDENS ROAD CYPRESS GARDENS FL 33884-2929		<b>Mailing Address</b> 4600 CYPRESS GARDENS ROAD CYPRESS GARDENS FL 33884-2929	

272486-90113-13



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 <u>WINTER HAVEN, FL</u> 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country 30		<b>3. Date Incorporated or Qualified</b> 09/22/1964 <b>4. FEI Number</b> 59-6161990 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>9. Name and Address of Current Registered Agent</b> OLSEN, GRACE E OLSEN, WILLIAM 4600 CYPRESS GARDENS ROAD CYPRESS GARDENS FL 33880				<b>10. Name and Address of New Registered Agent</b> 81 Name <u>OLSEN, GRACE E.</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>4600 CYPRESS GARDENS RD</u> 83 <u>WINTER HAVEN, FLA</u> 84 City <u>FL</u> 85 Zip Code <u>33884</u>	

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

*Grace E. Olsen*  
 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	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, GRACE E	1.2 NAME	
STREET ADDRESS	4600 CYPRESS GARDENS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CYPRESS GDS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, WILLIAM	2.2 NAME	
STREET ADDRESS	4600 CYPRESS GARDENS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CYPRESS GDS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH C. ADAMS	3.2 NAME	
STREET ADDRESS	145 CHRISTINA RD. E	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTORIA J. ADAMS	4.2 NAME	
STREET ADDRESS	145 CHRISTINA RD. W	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAACK ROSE	5.2 NAME	
STREET ADDRESS	220 LAKE LIND RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FLA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA ROSE	6.2 NAME	
STREET ADDRESS	220 LAKE LIND RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FLA	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

*GRACE E. OLSEN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-324-4062  
 Date Daytime Phone #

CR2E037 (1/98)