

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707860

1. Entity Name

THE CROSS ROAD CRUSADERS FOR CHRIST, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90016 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4600 CYPRESS GARDENS ROAD  
WINTER HAVEN FL 33884-2929

4600 CYPRESS GARDENS ROAD  
WINTER HAVEN FL 33884-2904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6161990

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSEN, GRACE  
4600 CYPRESS GARDENS ROAD  
WINTER HAVEN FL 33884

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	ST						
	OLSEN, GRACE E	4600 CYPRESS GARDENS RD	CYPRESS GARDENS FL				
	P						
	ROSE, JACK	220 LAKE LINE ROAD	WINTER HAVEN FL				
	D						
	JOSEPH C. ADAMS	145 CHRISTINA RD. E	LAKELAND FL				
	D						
	VICTORIA J. ADAMS	145 CHRISTINA RD. W	LAKELAND FL				
	D						
	ROSE, PATRICIA	220 LAKE LINE ROAD	WINTER HAVEN FL				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*SIGNATURE REQUIRED* GRACE E OLSEN 1/5/00 813-324-4062