

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90104 035 ****61.25

DOCUMENT # 709955

1. Corporation Name

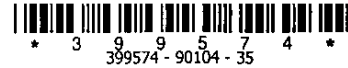
FLORIDA'S CROSS AND SWORD, INC.

Principal Place of Business

HIGHWAY A1A SOUTH
P. O. BOX 68
ST AUGUSTINE FL 32085

Mailing Address

HIGHWAY A1A SOUTH
P. O. BOX 68
ST AUGUSTINE FL 32085



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/22/1965

4. FEI Number

59-6138616

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

9. Name and Address of Current Registered Agent

CALHOUN, EDWARD N
100 ARRICOLA AVE
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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

TITLE D
NAME WELCH, BEN
STREET ADDRESS 5724 CROSSWINDS CR
CITY-ST-ZIP ST AUGUSTINE FL

DELETE

TITLE PD
NAME TUCKER, LEN
STREET ADDRESS 223 S. MATANAS BLVD
CITY-ST-ZIP ST. AUGUSTINE FL

DELETE

TITLE D
NAME ELLIS, CHARLES
STREET ADDRESS 28 CRAZY HORSE TRAIL
CITY-ST-ZIP ST AUGUSTINE, FL 00000

DELETE

TITLE SD
NAME MATHIS, JANE
STREET ADDRESS 1539 SAN RAFAEL WAY
CITY-ST-ZIP ST. AUGUSTINE FL 32084

DELETE

TITLE D
NAME CRAIG, A H
STREET ADDRESS 7460 A1A S
CITY-ST-ZIP ST AUGUSTINE, FL 00000

DELETE

TITLE TD
NAME CALHOUN, EDWARD N
STREET ADDRESS 8 MARILYN AVE
CITY-ST-ZIP ST AUGUSTINE, FL 00000

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD
1.2 NAME Gerald Eubanks
1.3 STREET ADDRESS 785 Viscaya Blvd
1.4 CITY-ST-ZIP St Augustine FL 32086

Change

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

EDWARD N. CALHOUN, Treasurer

4-21-99 901824-2881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)