

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710228

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: GREAT COMMISSION CRUSADES, INC.

**Current Principal Place of Business:**

P.O. BOX 530217  
MIAMI SHORES, FL 33153

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 530217  
MIAMI SHORES, FL 33153

**New Mailing Address:**

FEI Number: 59-2334287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZAMOR, ETZER  
2427 BISCAYNE BLVD  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MORISSET, MICHEL  
Address: P.O. BOX 530217  
City-St-Zip: MIAMI SHORES, FL 33153

Title: VDT ( ) Delete  
Name: ZAMOR, ETZER  
Address: 45 NE 104 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: SD ( ) Delete  
Name: PLATEL-WESH, MARIE Y  
Address: 7020 NW 20 STREET  
City-St-Zip: SUNRISE, FL 33133

Title: D ( ) Delete  
Name: ZAMOR, JOSETTE M  
Address: 45 NW 104 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE PLATEL-WESH

SD

04/27/2006

Electronic Signature of Signing Officer or Director

Date