2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732713

FILED Apr 20, 2006 Secretary of State

Entity Name: THE CHILDREN'S GOSPEL CRUSADE, INC.

Current Principal Place of Business: New Principal Place of Business: 157 E LAKE DR. LYNCHBURG, VA 24502 Current Mailing Address: 157 E LAKE DR. LYNCHBURG, VA 24502 Current Mailing Address: New Mailing Address: 157 E LAKE DR. LYNCHBURG, VA 24502 157 E LAKE DR. LYNCHBURG, VA 24502 FEI Number: 59-1636093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: File above named entity submits this statement for the purpose of changing its registered office or regist in the State of Florida. SIGNATURE: Felectronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: D () Delete Name: ELLER, FLOYD Address: 4301 671H WAY N. City-St-Zip: ST PETERSBURG, FL 33709 City-St-Zip: Title: D () Delete Name: GRAUS, GIL Address: G190. 80TH ST. #402 City-St-Zip: ST PETERSBURG, FL 33709 City-St-Zip: ST PETERSBURG, FL 33709 City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: ST PETERSBURG, FL 33713 City-St-Zip: ST PETERSBURG, FL 33713 City-St-Zip: Title: V () Delete Name: HART, PAUL Address: JOIN HARTFORD ST. #219 Addre	
LYNCHBURG, VA 24502 Current Mailing Address: 157 E LAKE DR. LYNCHBURG, VA 24502 FEI Number: 59-1636093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEEGHLY, NORMAN P 18 HARBOR OAKS CIRCLE SAFETY HARBOR, FL 34695 US The above named entity submits this statement for the purpose of changing its registered office or regist in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICEI Title: Name: ADDITIONS/CHANGES TO OFFICEI Title: Name: Address: 4301 677H WAY N. City-St-Zip: Title: D () Delete Name: GRAUS, GIL Address: GRAUS, GIL Address: 5190 807H ST. #402 Address: City-St-Zip: Title: D () Delete Name: HENNINGER, DAVE Name: HART, PAUL Address: City-St-Zip: Title: V () Delete Title: () Change () Ad Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Ad Name: Address: City-St-Zip: Title: V () Delete Title: () Change () Ad Name: Address: City-St-Zip: Title: V () Delete Title: () Change () Ad Name: Address: BEEGHLY, NORM Name: BEEGHLY, NORM Name: Address: H18 HARBOR OAKS CIRCLE Title: () Change () Ad Name: Address: Addr	
157 E LAKE DR. LYNCHBURG, VA 24502 FEI Number: 59-1636093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Addres	
LYNCHBURG, VA 24502 LYNCHBURG, VA 24502 FEI Number: 59-1636093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEEGHLY, NORMAN P 18 HARBOR OAKS CIRCLE SAFETY HARBOR, FL 34695 US The above named entity submits this statement for the purpose of changing its registered office or regist in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICEI Title: D () Delete Name: ELLER, FLOYD Address: 4301 67TH WAY N. City-St-Zip: ST PETERSBURG, FL 33709 City-St-Zip: Title: D () Delete Title: Name: Address: City-St-Zip: Title: D () Delete Title: Name: Address: City-St-Zip: Title: D () Delete Title: Name: Address: City-St-Zip: Title: D () Delete Title: Name: Address: City-St-Zip: Title: D () Delete Title: Name: Address: City-St-Zip: Title: D () Delete Title: Name: Address: City-St-Zip: Title: D () Delete Title: Name: Address: City-St-Zip: Title: D () Delete Title: Name: Address: S862 32ND AVE. N. Address: City-St-Zip: Title: D () Delete Title: Name: Address: City-St-Zip: Title: D () Delete Title: Name: Address: City-St-Zip: Title: Title: D () Change () Ad Name: Address: City-St-Zip: Title: V () Delete Title: Name: Address: City-St-Zip: Title: Title: Name: Address: City-St-Zip: Title: Title: Name: Address: City-St-Zip: Title: Name: Address: Title: Name	
Name and Address of Current Registered Agent: BEEGHLY, NORMAN P 18 HARBOR OAKS CIRCLE SAFETY HARBOR, FL 34695 US The above named entity submits this statement for the purpose of changing its registered office or regist in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	
BEEGHLY, NORMAN P 18 HARBOR OAKS CIRCLE SAFETY HARBOR, FL 34695 US The above named entity submits this statement for the purpose of changing its registered office or regist in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	f Status Desired ()
18 HARBOR OAKS CIRCLE SAFETY HARBOR, FL 34695 US The above named entity submits this statement for the purpose of changing its registered office or regist in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	red Agent:
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: D () Delete Title: () Change () Ad Address: 4301 67TH WAY N. Address: City-St-Zip: ST PETERSBURG, FL 33709 Title: D () Delete Title: () Change () Ad Address: 6190 80TH ST. #402 Address: 6190 80TH ST. #402 City-St-Zip: ST PETERSBURG, FL 33709 Title: D () Delete Title: () Change () Ad Address: 6190 80TH ST. #402 Address: ST PETERSBURG, FL 33709 Title: D () Delete Title: () Change () Ad Address: S862 32ND AVE. N. Address: City-St-Zip: ST PETERSBURG, FL 33710 Title: D () Delete Title: () Change () Ad Address: ST PETERSBURG, FL 33710 Title: D () Delete Title: () Change () Ad Address: ST PETERSBURG, FL 33710 Title: D () Delete Title: () Change () Ad Address: ST PETERSBURG, FL 33713 Title: V () Delete Title: () Change () Ad Name: Address: ST PETERSBURG, FL 33713 Title: V () Delete Title: () Change () Ad Name: BEEGHLY, NORM Name: BEEGHLY, NORM Address: #18 HARBOR OAKS CIRCLE Address: #18 HARBOR OAKS CIRCLE	tered agent, or both,
DFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: D () Delete Name: ELLER, FLOYD Name: Address: Address: 4301 67TH WAY N. Address: City-St-Zip: ST PETERSBURG, FL 33709 Title: D () Delete Title: () Change () Address: City-St-Zip: Title: D () Delete Title: () Change () Address: City-St-Zip: Title: D () Change () Address: City-St-Zip: Title: D () Delete Name: HENNINGER, DAVE Name: HENNINGER, DAVE Address: 5862 32ND AVE. N. City-St-Zip: ST PETERSBURG, FL 33710 Title: D () Delete Name: HART, PAUL Name: BEEGHLY, NORM Name: Name: Name: HART, NORM Name: HART, NORM Name: Name: Name: HART, NORM	
Title: D	Э
Name	RS AND DIRECTOR
Name: GRAUS, GIL Name: Address: 6190 80TH ST. #402 Address: City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33709 City-St-Zip: Title: () Change () Address: Title: D () Delete Name: Address: Address: 5862 32ND AVE. N. Address: City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: () Change () Address: Title: D () Delete Title: () Change () Address: City-St-Zip: ST PETERSBURG, FL 33713 City-St-Zip: City-St-Zip: Title: V () Delete Title: () Change () Address: Title: V () Delete Title: () Change () Address: Address: #18 HARBOR OAKS CIRCLE Address:	Idition
Name: HENNINGER, DAVE Name: Address: Address: Address: Address: City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: Title: () Change () Address: City-St-Zip: D () Delete Name: Address: Address: 3100 HARTFORD ST. #219 Address: Address: City-St-Zip: ST PETERSBURG, FL 33713 City-St-Zip: Fitle: V () Delete Title: () Change () Address: Address: #18 HARBOR OAKS CIRCLE Address:	ddition
Name: HART, PAUL Name: Address: 3100 HARTFORD ST. #219 Address: City-St-Zip: ST PETERSBURG, FL 33713 City-St-Zip: Title: V () Delete Title: () Change () Ad Name: BEEGHLY, NORM Name: Address: #18 HARBOR OAKS CIRCLE Address:	ddition
Name: BEEGHLY, NORM Name: Address: #18 HARBOR OAKS CIRCLE Address:	ddition
	dition
Title: P () Delete Title: () Change () Ad Name: SALISBURY, BILL Name: Address: 157 E. LAKE DRIVE Address: City-St-Zip: LYNCHBURG, VA 24502 City-St-Zip:	dition

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: BILL SALISBURY PRES 04/20/2006