

# 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:**

157 E LAKE DR.  
LYNCHBURG, VA 24502

**New Principal Place of Business:**

157 EASTLAKE DR.  
LYNCHBURG, VA 24502

**Current Mailing Address:**

157 E LAKE DR.  
LYNCHBURG, VA 24502

**New Mailing Address:**

157 EASTLAKE DR.  
LYNCHBURG, VA 24502

**FEI Number:** 59-1636093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEEGHLI, NORMAN P  
18 HARBOR OAKS CIRCLE  
SAFETY HARBOR, FL 34695 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: D ( ) Delete  
Name: ELLER, FLOYD  
Address: 4301 67TH WAY N.  
City-St-Zip: ST PETERSBURG, FL 33709

Title: D ( ) Delete  
Name: GRAUS, GIL  
Address: 6190 80TH ST. #402  
City-St-Zip: ST PETERSBURG, FL 33709

Title: D ( ) Delete  
Name: HENNINGER, DAVE  
Address: 5862 32ND AVE. N.  
City-St-Zip: ST PETERSBURG, FL 33710

Title: D ( ) Delete  
Name: HART, PAUL  
Address: 3100 HARTFORD ST. #219  
City-St-Zip: ST PETERSBURG, FL 33713

Title: V ( ) Delete  
Name: BEEGHLI, NORM  
Address: #18 HARBOR OAKS CIRCLE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P ( ) Delete  
Name: SALISBURY, BILL  
Address: 157 E. LAKE DRIVE  
City-St-Zip: LYNCHBURG, VA 24502

**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:

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: BILL SALISBURY

PRES

04/20/2006

Electronic Signature of Signing Officer or Director

Date