

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732713

FILED
Apr 18, 2007
Secretary of State

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

Current Principal Place of Business:

157 EASTLAKE DR.
LYNCHBURG, VA 24502

New Principal Place of Business:

Current Mailing Address:

157 EASTLAKE DR.
LYNCHBURG, VA 24502

New Mailing Address:

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
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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

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date