

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 21, 2007  
Secretary of State**

DOCUMENT# 739510

Entity Name: THE CRUSADERS OF THE FAITH, INC.

**Current Principal Place of Business:**

214 DAIRY ROAD  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 606  
AUBURNDALE, FL 33823

**New Mailing Address:**

FEI Number: 59-1789666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SMITH, DOUGLAS H.  
170 E. HAINES BLVD.  
LAKE ALFRED, FL      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: HARRISON, JAMES R.,  
Address: 420 JAMES AVE  
City-St-Zip: AUBURNDALE, FL 33823

Title: S      ( ) Delete  
Name: KIRKLAND, EDUOLPH,  
Address: HOBBS ROAD  
City-St-Zip: AUBURNDALE FL,

Title: D      ( ) Delete  
Name: KIRKLAND, EDUOLPH,  
Address: HOBBS ROAD  
City-St-Zip: AUBURNDALE FL,

Title: D      ( ) Delete  
Name: VICKERS, R. J.,  
Address: OLD BARTOW ROAD  
City-St-Zip: HOMELAND FL,

Title: D      ( ) Delete  
Name: SMITH, B. L.,  
Address: NOXON ST.  
City-St-Zip: AUBURNDALE FL,

**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:

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: JAMES R HARRISON

PD

03/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date