

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90018 008 ****61.25

DOCUMENT # 739510

1. Entity Name
THE CRUSADERS OF THE FAITH, INC.



Principal Place of Business Mailing Address

214 DAIRY ROAD **P.O. BOX 606**
AUBURNDALE FL 33823 **AUBURNDALE FL 33823**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-1789666 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DOUGLAS H.
170 E. HAINES BLVD.
LAKE ALFRED FL

7. Name and Address of New Registered Agent

Name **Ch. Stophel B. Roy**

Street Address (P.O. Box Number is Not Acceptable) **435 1st Street South**

City **Winter Haven** **FL** Zip Code **33880**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **3/17/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARRISON, JAMES R.	
STREET ADDRESS	420 JAMES AVE	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KIRKLAND, EDUOLPH	
STREET ADDRESS	HOBBS ROAD	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRKLAND, EDUOLPH	
STREET ADDRESS	HOBBS ROAD	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VICKERS, R. J.	
STREET ADDRESS	OLD BARTOW ROAD	
CITY-ST-ZIP	HOMELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, B. L.	
STREET ADDRESS	NOXON ST.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR