

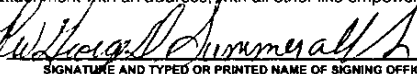


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 739510			
1. Entity Name THE CRUSADERS OF THE FAITH, INC.			
Principal Place of Business 214 DAIRY ROAD AUBURNDALE, FL 33823		Mailing Address P.O. BOX 606 AUBURNDALE, FL 33823	
2. Principal Place of Business - No P.O. Box # 16284 NE 154th Street		3. Mailing Address 16284 NE 154th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft McCoy, FL		City & State Ft McCoy, FL	
Zip 32134		Country US	
Country US		Country US	
09232008		Chg-NP	
CR2E037 (12/06)		Applied For	
4. FEI Number 59-1789666		Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROY, CHRISTOPHER B 435 1ST STREET SOUTH WINTER HAVEN, FL 33880		Name Rev George D Summerall, Sr	
		Street Address (P.O. Box Number is Not Acceptable) 16284 NE 154th Street	
		City Ft McCoy	
		FL	
		Zip Code 32134	
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 		Rev George D Summerall, Sr	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<small>DATE</small>		9/23/08	
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME HARRISON, JAMES R.	<input checked="" type="checkbox"/> Delete	TITLE PD
STREET ADDRESS 420 JAMES AVE	CITY-ST-ZIP AUBURNDALE, FL 33823		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME SMITH, B. L.	<input checked="" type="checkbox"/> Delete	TITLE Summerall, George D
STREET ADDRESS NOXON ST.	CITY-ST-ZIP AUBURNDALE FL.		STREET ADDRESS 16284 NE 154th Street
TITLE D	NAME Summerall, Nellie M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 16284 NE 154th Street
STREET ADDRESS AUBURNDALE FL.	CITY-ST-ZIP AUBURNDALE FL.		CITY-ST-ZIP Ft McCoy, FL 32134
TITLE D	NAME Summerall, Christopher D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE D
STREET ADDRESS AUBURNDALE FL.	CITY-ST-ZIP AUBURNDALE FL.		STREET ADDRESS 14621 NE 154th Street
TITLE D	NAME Summerall, Virginia M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE D
STREET ADDRESS AUBURNDALE FL.	CITY-ST-ZIP AUBURNDALE FL.		STREET ADDRESS 14621 NE 154th Street
TITLE D	NAME Summerall, Christopher D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE D
STREET ADDRESS AUBURNDALE FL.	CITY-ST-ZIP AUBURNDALE FL.		STREET ADDRESS 14621 NE 154th Street
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200136520682			
10/01/08--01024--020 **69.00			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Rev George D Summerall, Sr	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/30/08