FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:/

1. Corporation	MENT # 7 4 GHOST CRUSADE		(8) C association	N, INC.				
Principal Place	of Business		Mailing Address					
POST OFFICE	ncipal Place of Business Mailing Address POST OFFICE BOX 119 POST OFFICE BO BERWICK LA 70342-0119 BERWICK LA 7034							
						3. Date Incorporated or Qualifie 11/28/1977	d 3a. Date of 02/0	Last Report 03/1995
2. Principal Place of Business 21 Suite, Apt. #, etc. 22		26	2a. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number 59-1772827		Applied For Not Applicable
		27				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	e		City & State		· · ·	6. Election Campaign Financing	- \$	55.00 May Be
Zip	Country	28	Zip	Count	ln:	Trust Fund Contribution		Added to Fees
24	25	29	210	30 Couni	uy	This corporation has liability f Florida Statutes	for intangible tax und	der s. 199.032,
	9. Name and Addres		stered Agent			10. Name and Address of Nev		nt
				8	1 Name			
	, EUGAH			8	Street Ac	ddress (P.O. Box Number is Not Accep	table)	
	3970 NW 185TH ST.				13	·		
CAROL	CITY FL 33055				13			
					ut ou		85	Zip Code
11. Pursuant t	to the provisions of Section	ons 617,0502 and 61	17.1508, Florida Statu	ites, the above	a-named com	poration submits this statement for the	PLI DUITOOSE of changing	n its registered office
or register familiar wit SIGNATURE	red agent, or both, in the th, and accept the obligat	State of Florida, Suctions of, Section 617	h change was author .0503, Florida Statute	ites, the above ized by the co es.	e-named corp rporation's bo	poration submits this statement for the poard of directors. I hereby accept the a	purpose of changing ppointment as regis	n its registered office
or register familiar wit SIGNATURE	red agent, or both, in the th, and accept the obligat	State of Florida, Suctions of, Section 617	h change was author .0503, Florida Statute applicable.	ites, the above ized by the co es.	e-named corp rporation's bo	poration submits this statement for the poard of directors. I hereby accept the apparent when renstating! ADDITIONS/CHANGES TO C	purpose of changing ppointment as regis	g its registered offic tered agent. I am
or register familiar wi SIGNATURE	red agent, or both, in the th, and accept the obligation of printed name of the part of printed name of the part o	State of Florida. Suctions of, Section 617 of registered agent and little if	h change was author .0503, Florida Statute applicable.	ites, the above ized by the co iss.	e-named corp rporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis	g its registered offic stered agent. I am ECTORS IN 12
or register familiar with SIGNATURE	red agent, or both, in the th, and accept the obligation of the second sec	State of Florida. Suctions of, Section 617 of registered agent and life # FFICERS AND DIRECT	th change was author .0503, Florida Statute epplicable.	ites, the above ized by the coes.	e-named corp rporation's bo gent signature requ	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE	g its registered offic stered agent. I am ECTORS IN 12
or register familiar with SIGNATURE	red agent, or both, in the th, and accept the obligated Signature, typed or printed name of PD BROWN, WILLIAM 3970 NW 185TH S	State of Florida. Suctions of, Section 617 of registered agent and life # FFICERS AND DIRECT	th change was author .0503, Florida Statute epplicable.	ites, the above ized by the colors. IOTE: Registered A	e-named corp rporation's bo gent signature requ	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE	g its registered offic stered agent. I am ECTORS IN 12
or register familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of PD BROWN, WILLIAM 3970 NW 185TH S CAROL CITY FL	State of Florida. Suctions of, Section 617 of registered agent and life # FFICERS AND DIRECT	th change was author. 0.503, Fiorida Statute applicable. CTORS DELETE	ites, the above ized by the colors. ITS. 13. 1.1 TITU 12 NAM 1.3 STRE 1.4 CITY	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chi	g its registered officitered agent. I am ECTORS IN 12 ange Addition
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of PD BROWN, WILLIAM 3970 NW 185TH S CAROL CITY FL	State of Florida. Suctions of, Section 617 of registered agent and little if FFICERS AND DIRECT E NT.	th change was author .0503, Florida Statute epplicable.	ites, the above ized by the colors. OTE: Registered A: 13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLI	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE	g its registered officitered agent. I am ECTORS IN 12 ange Addition
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	red agent, or both, in the th, and accept the obligated in the obligated in the second	State of Florida. Suctions of, Section 617 of registered agent and little if FFICERS AND DIRECT E T.	th change was author. 0.503, Fiorida Statute applicable. CTORS DELETE	ites, the above ized by the coss. 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 22 NAM	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chi	g its registered officitered agent. I am ECTORS IN 12 ange Addition
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of PD BROWN, WILLIAM 3970 NW 185TH S CAROL CITY FL	State of Florida. Suctions of, Section 617 of registered agent and little if FFICERS AND DIRECT E T.	th change was author. 0.503, Fiorida Statute applicable. CTORS DELETE	intes, the above ized by the colored by the colored in 13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 22 NAM 23 STRI	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chi	g its registered officitered agent. I am ECTORS IN 12 ange Addition
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	red agent, or both, in the th, and accept the obligat signature, typed or pointed name of the property of the	State of Florida. Suc tions of, Section 617 of registered agent and litle if FFICERS AND DIRECT E IT.	th change was author. 0.503, Fiorida Statute applicable. CTORS DELETE	intes, the above ized by the colored by the colored in 13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 22 NAM 23 STRI	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chi	g its registered officetered agent. I am ECTORS IN 12 ange Addition ange Addition
Or register familiar will SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	red agent, or both, in the th, and accept the obligat signature, typed or pointed name of the property of the	State of Florida. Suctions of, Section 617 of registered agent and life if FFICERS AND DIRECT E IT. LE. T.	ch change was author co503, Fiorida Statute applicable CTORS DELETE	ites, the above ized by the coss. 13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 23 STRI 2.4 CITY	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chai	g its registered officetered agent. I am ECTORS IN 12 ange Addition ange Addition
or register familiar will SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	red agent, or both, in the th, and accept the obligat signature, typed or pointed name of the property of the	State of Florida. Suctions of, Section 617 of registered agent and life if FFICERS AND DIRECT E IT. LE. T.	ch change was author co503, Fiorida Statute applicable CTORS DELETE	ites, the above ized by the costs. 13. 1.1 ITIL 12 NAM 1.3 STR 1.4 CITY 2.1 ITIL 22 NAM 23 STR 2.4 CIT 31 ITIL 32 NAM	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chai	g its registered officetered agent. I am ECTORS IN 12 ange Addition ange Addition
Or register familiar will SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	red agent, or both, in the th, and accept the obligat signature, typed or pointed name of the property of the	State of Florida. Suctions of, Section 617 of registered agent and title if FFICERS AND DIRECT E IT. LE. T.	ch change was author .0503, Fiorida Statute applicable CTORS DELETE DELETE	ites, the above ized by the coss. 13. 1.1 ITIL 12 NAM 1.3 STRI 2.1 ITIL 22 NAM 23 STRI 2.4 CIT 31 ITIL 32 NAM 33 STRI 34 CIT 34 CIT 34 ACT 34 CIT 34 CIT 35 CIT 36 CIT 37 CIT 37 CIT 38 CIT 38 CIT	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chair	g its registered officetered agent. I am ECTORS IN 12 ange Addition ange Addition
Or register familiar will SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	red agent, or both, in the th, and accept the obligat the and accept the obligat Signature, typed or ponted name of the property of the proper	State of Florida. Suctions of, Section 617 of registered agent and life if FFICERS AND DIRECT E T. LE. T. LE. T. LE. T.	ch change was author co503, Fiorida Statute applicable CTORS DELETE	ites, the above ized by the coss. 13. 1.1 ITIL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 22 NAM 23 STR 2.4 CITY 31 NITL 32 NAM 33 STR 34 CITY 4.1 TITL	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chai	g its registered officetered agent. I am ECTORS IN 12 ange Addition ange Addition
Or register familiar will signature 12. Title Name Street address City-St-Zip Title Name Name	red agent, or both, in the th, and accept the obligat the, and accept the obligat Signature, typed or ponted name of the property of the prope	State of Florida. Suctions of, Section 617 of registered agent and life if FFICERS AND DIRECT E ST. LE. ST.	ch change was author .0503, Fiorida Statute applicable CTORS DELETE DELETE	Ites, the above ized by the costs. 13. 1.1 TITL 1.2 NAM 1.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chair	g its registered officetered agent. I am ECTORS IN 12 ange Addition ange Addition
Or register familiar wi SIGNATURE 12. 112. 113. 114. 115. 116. 117. 1	red agent, or both, in the th, and accept the obligat th, and accept the obligat Signature, typed or ponted name of the property of the proper	State of Florida. Suctions of, Section 617 of registered agent and life if FFICERS AND DIRECT E ST. LE. ST.	ch change was author .0503, Fiorida Statute applicable CTORS DELETE DELETE	Itles, the above ized by the colors. 13. 1.1 TITLL 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLL 22 NAM 2.3 STRE 2.4 CITY 31 TITLL 32 NAM 33 STRE 34. CITY 4.1 TITLL 4. 2 NAM 4.3 STRE	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chair	g its registered officetered agent. I am ECTORS IN 12 ange Addition ange Addition
OF register familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	red agent, or both, in the th, and accept the obligat the, and accept the obligat Signature, typed or ponted name of the property of the prope	State of Florida. Suctions of, Section 617 of registered agent and life if FFICERS AND DIRECT E ST. LE. ST.	h change was author: .0503, Fiorida Statute applicable CTORS DELETE DELETE	Ites, the above ized by the costs. 13. 1.1 TITL 1.2 NAM 1.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 4.4 CITY 4.4 CITY 4.4 CITY 4.4 CITY	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chai	g its registered officetered agent. I am ECTORS IN 12 ange Addition ange Addition ange Addition
Or register familiar will SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	red agent, or both, in the th, and accept the obligat the, and accept the obligat Signature, typed or ponted name of the property of the prope	State of Florida. Suctions of, Section 617 of registered agent and life if FFICERS AND DIRECT E ST. LE. ST.	ch change was author .0503, Fiorida Statute applicable CTORS DELETE DELETE	Itles, the above ized by the colors. 13. 1.1 TITLL 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLL 22 NAM 2.3 STRE 2.4 CITY 31 TITLL 32 NAM 33 STRE 34. CITY 4.1 TITLL 4. 2 NAM 4.3 STRE	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chair	g its registered officetered agent. I am ECTORS IN 12 ange Addition ange Addition ange Addition
OF register familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	red agent, or both, in the th, and accept the obligat the, and accept the obligat Signature, typed or ponted name of the property of the prope	State of Florida. Suctions of, Section 617 of registered agent and life if FFICERS AND DIRECT E ST. A.E. ST. ST.	h change was author: .0503, Fiorida Statute applicable CTORS DELETE DELETE	Itles, the above ized by the colors. 13. 1.1 TITLL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITLL 22 NAM 23 STRI 2.4 CITY 31 TITLL 32 NAM 33 STRI 4. CITY 4.1 TITLL 4. 2 NAM 4.3 STRI 4. CITY 5.1 TITLL 5.2 NAM	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chai	g its registered officetered agent. I am ECTORS IN 12 ange Addition ange Addition ange Addition
OF FEGISTER OF FEGISTER SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	red agent, or both, in the th, and accept the obligat the, and accept the obligat Signature, typed or ponted name of the property of the prope	State of Florida. Suctions of, Section 617 of registered agent and life if FFICERS AND DIRECT E ST. A.E. ST. ST.	h change was author: .0503, Fiorida Statute applicable CTORS DELETE DELETE	Itles, the above ized by the colors. ITS. ITS.	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chai	g its registered officetered agent. I am ECTORS IN 12 ange Addition ange Addition ange Addition
Or register familiar will signature familiar will signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	red agent, or both, in the th, and accept the obligat the, and accept the obligat Signature, typed or ponted name of the property of the prope	State of Florida. Suctions of, Section 617 of registered agent and life if FFICERS AND DIRECT E ST. A.E. ST. ST.	h change was author: .0503, Fiorida Statute applicable CTORS DELETE DELETE	Itles, the above ized by the colors. ITS. ITS.	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chai	g its registered officitered agent. I am ECTORS IN 12 ange Addition ange Addition ange Addition ange Addition
Or register familiar will signature familiar will signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	red agent, or both, in the th, and accept the obligat the, and accept the obligat Signature, typed or ponted name of the property of the prope	State of Florida. Suctions of, Section 617 of registered agent and life if FFICERS AND DIRECT E ST. A.E. ST. ST.	croange was author costs. Fiorida Statute applicable. CTORS DELETE DELETE DELETE DELETE	Itles, the above ized by the colors. 13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL 5.2 NAM 6.3 STRE 6.4 CITY 5.3 STRE 6.4 CITY 5.3 STRE 6.5 4 CITY 5.4 CITY 5.4 CITY 5.5 STRE 5.5 5.5 S	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chair Ch	g its registered officitered agent. I am ECTORS IN 12 ange Addition ange Addition ange Addition ange Addition
Or register familiar will SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	red agent, or both, in the th, and accept the obligat the, and accept the obligat Signature, typed or ponted name of the property of the prope	State of Florida. Suctions of, Section 617 of registered agent and life if FFICERS AND DIRECT E ST. A.E. ST. ST.	croange was author costs. Fiorida Statute applicable. CTORS DELETE DELETE DELETE DELETE	Itles, the above ized by the colors. 13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITL 6.2 NAM	e-named corporation's bo	oard of directors. I hereby accept the a	purpose of changing ppointment as regis DATE DEFICERS AND DIRE Chair Ch	g its registered officitered agent. I am ECTORS IN 12 ange Addition ange Addition ange Addition ange Addition

Mar, 19,96
Datine Prone #