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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 838822 (5)

1. Corporation Name

WORLD LITERATURE CRUSADE, INC.

Principal Place of Business

Mailing Address

7899 LEXINGTON DR.
P. O. BOX 35930
COLORADO SPRINGS CO 80920

PO BOX 35930
COLORADO SPRINGS CO 80935-3593



3. Date Incorporated or Qualified
07/25/1977

3a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

23-7093281

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGEHEE, THOMAS R.
3350 PHILLIPS HWY.
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS ☐ DELETE
NAME EASTMAN, DEE
STREET ADDRESS 7899 LEXINGTON DR.
CITY-ST-ZIP COLORADO SPRINGS CO 80920

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME EASTMAN, RICHARD
STREET ADDRESS 7899 LEXINGTON DRIVE
CITY-ST-ZIP COLORADO SPRINGS CO 80920

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME AYERS, DAVID
STREET ADDRESS 8355 EVANGELINE ROAD
CITY-ST-ZIP BEAUMONT TX 77708

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CD ☐ DELETE
NAME DUDA, ANDY L.
STREET ADDRESS P.O. BOX 257 N/A
CITY-ST-ZIP OVEIDO FL 32765

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME FALLETINE, BRAD
STREET ADDRESS 7899 LEXINGTON DR.
CITY-ST-ZIP COLORADO SPRINGS CO 80920

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VC ☐ DELETE
NAME MCGEHEE, THOMAS R.
STREET ADDRESS 3350 PHILLIPS HIGHWAY
CITY-ST-ZIP JACKSONVILLE FL 32247

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dee Eastman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-97

719-260-8888

Date

Daytime Phone # 0076614

CR2E037 (9/96)