2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachr

SIGNATURE:

an address, with all other like empowered.

Eastman

719-260-8888

4**-**11-00

FILED DOCUMENT #838822 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name WORLD LITERATURE CRUSADE, INC. 04-19-2000 90114 001 ****61.25 Principal Place of Business Mailing Address 7899 LEXINGTON DR. PO BOX 35930 P. O. BOX 35930 COLORADO SPRINGS CO 80935-3593 COLORADO SPRINGS CO 80920 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 23-7093281 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -7.- Name and Address of New Registered Agent ----Name Street Address (P.O. Box Number is Not Acceptable) MCGEHEE, THOMAS R. 3350 PHILLIPS HWY. JACKSONVILLE FL 32207 Zip Code City 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. 生出集员 智 图 一点 人 人名英格兰 医生物性 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change TITLE ☐ Addition TITLE ☐ Delete EASTMAN, DEE NAME NAME STREET ADDRESS STREET ADDRESS 7899 LEXINGTON DR. CITY-ST-ZIP CITY-ST-ZIP COLORADO SPRINGS CO 80920 ☐ Change Addition PD ☐ Delete TITLE TITLE NAME NAME EASTMAN, RICHARD STREET ADDRESS STREET ADDRESS 17899 LEXINGTON DRIVE CITY-ST-ZIP CITY-ST-7IP COLORADO SPRINGS CO 80920 ☐ Delete ☐ Change ☐ Addition TITLE TITLE TD NAME NAME ayers. David STREET ADDRESS STREET ADDRESS 8355 EVANGELINE ROAD CITY-ST-ZIP CITY-ST-ZIP BEAUMONT TX 77706 Change ☐ Addition TITLE CD ☐ Delete TITLE NAME NAME DUDA, ANDY L. STREET ADDRESS STREET ADDRESS P.O. BOX 257 N/A CITY-ST-ZIP CITY-ST-ZIP Oveido FL 32765 ☐ Addition ☐ Change TITLE ۷D Delete TITLE NAME FALLENTINE, BRAD STREET ADDRESS STREET ADDRESS 7899 Lexington Dr. CITY-ST-ZIP CITY-ST-ZIP COLORADO SPRINGS CO 80920 ☐ Change ☐ Addition TITLE lvc ☐ Delete TITLE NAME MCGEHEE, THOMAS R. NAME STREET ADDRESS STREET ADDRESS 3350 PHILLIPS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32247 12. Thereby 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 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 receives 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