


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 838822 1. Entity Name WORLD LITERATURE CRUSADE, INC.	
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Principal Place of Business 640 CHAPEL HILLS DR. COLORADO SPRINGS, CO 80920	Mailing Address P.O. BOX 64000 COLORADO SPRINGS, CO 80962
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7093281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DUDA, ANDY L 1975 W STATE RD 426 OVIEDO, FL 32765	DO NOT WRITE IN THIS SPACE
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B. 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EASTMAN, DEE 640 CHAPEL HILLS DR. COLORADO SPRINGS, CO 80920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EASTMAN, RICHARD 640 CHAPEL HILLS DR. COLORADO SPRINGS, CO 80920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AYERS, DAVID 8355 EVANGELINE ROAD BEAUMONT, TX 77706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DUDA, ANDY L. 1975 W STATE RD 426 OVEIDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FALLENTINE, BRAD 640 CHAPEL HILLS DR. COLORADO SPRINGS, CO 80920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WILSON, MARTIN 640 CHAPEL HILLS DR. COLORADO SPRINGS, CO 80920

000000315534
04/19/05-80039-019 61.25

12. I 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 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: <u>M. Wilson</u> CFO	Date: <u>3/22/05</u>	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		