

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000003575

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** BETTER LIFE CRUSADE INC.

**Current Principal Place of Business:**

6705 N FLORIDA AVE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 280254  
TAMPA, FL 33682

**New Mailing Address:**

**FEI Number:** 71-0838069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON-CHILES, GLORIA  
1917 OAK CREEK CIRCLE  
103  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JONSON-CHILES, GLORIA  
**Address:** 1917 OAK CREEK CIRCLE APT 103  
**City-St-Zip:** LUTZ, FL 33549

**Title:** ST  
**Name:** BATTLE, CELESTE  
**Address:** 1915 E JEAN ST  
**City-St-Zip:** TAMPA, FL 33610

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** GLORIA I. JOHNSON

P

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date