

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000003369

1. Entity Name
LIVING WORD CRUSADES, INC.



Principal Place of Business
**5158 US 19
NEW PORT RICHEY, FL 34652**

Mailing Address
**5158 US 19
NEW PORT RICHEY, FL 34652**



01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1718249	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENSON, DONALD E SR.
9914 WHITWORTH CT.
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENSON, DONALD E SR.
STREET ADDRESS	9914 WHITWORTH CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	ST
NAME	BENSON, BOBBE JEAN
STREET ADDRESS	9914 WHITWORTH CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	V
NAME	ZEBROWSKI, NANCY
STREET ADDRESS	3818 WATSON DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	D
NAME	HO, SILVIO
STREET ADDRESS	5021 DOEFIELD LANE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/08-80047-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-08 727-2713354

Date

Daytime Phone #