

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 14, 2001 8:00 am
Secretary of State

04-16-2001 90281 046 ****61.25

DOCUMENT # N00000007382

1. Entity Name

CRUSADES FOR JESUS, INC.

Principal Place of Business

5426 CRAFTS ST.
 NEW PORT RICHEY FL 34652

Mailing Address

5426 CRAFTS ST.
 NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCK, DANIEL P
5426 CRAFTS ST.
NEW PORT RICHEY FL 34652

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

City **FL** Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROCK, DANIEL P 5426 CRAFTS ST. NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEATTY, PHILLIP 3626 WARBLER DR. NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMENGUAL, RAFAEL 4747 W. WATERS AVE., #3501 TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 3/05/01 (727)
 848-5440
 Date Daytime Phone #

CR2E037 (10/00)

Application for Employer Identification Number(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions) CRUSADES FOR JESUS, INC.		2 Trade name of business (if different from name in line 1)		3 Executor, trustee, "care of" name															
4a Mailing address (street address) (room, apt., or suite no.) 5426 Crafts Street		5a Business address (if different from address on lines 4a and 4b)																	
4b City, state, and ZIP code New Port Richey, Florida 34652		5b City, state, and ZIP code																	
6 County and state where principal business is located Pasco County, Florida																			
7 Name of principal officer, general partner, grantor, owner, or trustor-SSN or ITIN may be required (see instructions) Daniel P. Rock																			
8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a. <table border="0" style="width:100%"><tr><td><input type="checkbox"/> Sole Proprietor (SSN)</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator (SSN)</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> Other corporation (specify)</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input checked="" type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify)</td><td>(enter GEN if applicable)</td></tr><tr><td><input type="checkbox"/> Other (specify)</td><td></td></tr></table>						<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify)	(enter GEN if applicable)	<input type="checkbox"/> Other (specify)	
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<input type="checkbox"/> Other nonprofit organization (specify)	(enter GEN if applicable)																		
<input type="checkbox"/> Other (specify)																			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FLORIDA		Foreign country N/A															
9 Reason for applying (Check only one box.) (see instructions) <table border="0" style="width:100%"><tr><td><input checked="" type="checkbox"/> Started new business (specify type)</td><td><input type="checkbox"/> Banking purpose (specify purpose)</td></tr><tr><td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td><td><input type="checkbox"/> Changed type of organization (specify new type)</td></tr><tr><td><input type="checkbox"/> Created a pension plan (specify type)</td><td><input type="checkbox"/> Purchased going business</td></tr><tr><td></td><td><input type="checkbox"/> Created a trust (specify type)</td></tr><tr><td></td><td><input type="checkbox"/> Other (specify)</td></tr></table>						<input checked="" type="checkbox"/> Started new business (specify type)	<input type="checkbox"/> Banking purpose (specify purpose)	<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type)	<input type="checkbox"/> Created a pension plan (specify type)	<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Created a trust (specify type)		<input type="checkbox"/> Other (specify)				
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	<input type="checkbox"/> Created a trust (specify type)																		
	<input type="checkbox"/> Other (specify)																		
10 Date business started or acquired (month, day, year) (see instructions) April 2001			11 Closing month of accounting year (see instructions) December																
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) NONE - No wages																			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)			Nonagricultural		Agricultural														
			<input type="radio"/>		<input type="radio"/>														
14 Principal activity (see instructions)			CHURCH RELATED ACTIVITIES																
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
16 To whom are most of the products or services sold? Please check one box.			<input type="checkbox"/> Business (wholesale)																
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify)			<input checked="" type="checkbox"/> N/A																
17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
17b If you checked the "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name N/A Trade name N/A																			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. <table border="0" style="width:100%"><tr><td>Approximate date when filed (mo., day, year)</td><td>City and state where filed</td><td>Previous EIN</td></tr><tr><td>N/A</td><td>N/A</td><td>N/A</td></tr></table>						Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN	N/A	N/A	N/A								
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N/A	N/A	N/A																	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Business telephone number (include area code) (727) 848-5440																
Name and title (Please type or print clearly.) Daniel P. Rock President/Secretary/Treasurer/Director			Fax telephone number (includes area code) (727) 845-4651																

Signature

Date **05/01/01**

Note: Do not write below this line. For official use only.

Please leave
blank

Geo.

Ind.

Class

Size

Reason for applying