

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000232

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: YOKE BREAKERS CRUSADE INTERNATIONAL INC.

**Current Principal Place of Business:**

PO BOX 6042  
WINTER PARK, FL 32793

**New Principal Place of Business:**

23 AUTUMN BREEZE WAY  
WINTER PARK, FL 32792

**Current Mailing Address:**

PO BOX 6042  
WINTER PARK, FL 32793

**New Mailing Address:**

FEI Number: 22-3735657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RICHARDSON, LUCILLE DR  
23 AUTUMN BREEZE WAY  
WINTER PARK, FL 32792      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      ( ) Delete  
Name: RICHARDSON, LUCILLE DR  
Address: 23 AUTUMN BREEZE WAY  
City-St-Zip: WINTER PARK, FL 32792

Title: D      ( ) Delete  
Name: RICHARDSON, PERRY A  
Address: 23 AUTUMN BREEZE WAY  
City-St-Zip: WINTER PARK, FL 32729

Title: VP      ( ) Delete  
Name: WOODS, SANDRA D  
Address: 707 PINEHURST POINT  
City-St-Zip: MOUNT JULIET, TN 37122

Title: D      ( ) Delete  
Name: JOHNSON, ROBERT L  
Address: 115 EAST WATKINS  
City-St-Zip: AUGUSTA, GA 30901

Title: E      ( ) Delete  
Name: GOLDEN, TORNCE  
Address: 9408 BARNSTEAD LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: A      ( ) Delete  
Name: GOLDEN, PAMELA  
Address: 9408 BARNSTEAD LANE  
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DR. LUCILLE RICHARDSON

P

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date