

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000232

FILED
Apr 10, 2009
Secretary of State

Entity Name: YOKE BREAKERS CRUSADE INTERNATIONAL INC.

Current Principal Place of Business:

23 AUTUMN BREEZE WAY
WINTER PARK, FL 32792

New Principal Place of Business:

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: VP (X) Change () Addition
Name: RICHARDSON, PERRY A DR.
Address: 23 AUTUMN BREEZE WAY
City-St-Zip: WINTER PARK, FL 32729

Title: ED (X) Change () Addition
Name: WOODS, SANDRA D
Address: 707 PINEHURST POINT
City-St-Zip: MOUNT JULIET, TN 37122

Title: D (X) Change () Addition
Name: HOBBS, CATHERINE D
Address: 23 AUTUMN BREEZE WAY
City-St-Zip: WINTER PARK, FL 32792

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 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

_____ Electronic Signature of Signing Officer or Director

P

04/10/2009

_____ Date