


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01370</b> 1. Entity Name INTERNATIONAL CRUSADE EVANGELISM, INC.					
Principal Place of Business 9740 OAK STREET NE ST. PETERSBURG FL 33702-2612				Mailing Address 9740 OAK STREET NE ST. PETERSBURG FL 33702-2612	
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 <div style="text-align: center;">59-2374109</div> <div style="text-align: right;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/>				<div style="text-align: right;"><b>\$8.75</b> Additional Fee Required</div>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEARDSLEE, GORDON R 1678 ARBOR DRIVE CLEARWATER FL 34616				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b></div> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<div style="text-align: center;"> <b>\$5.00</b> May Be Added to Fees  <b>Make Check Payable to Florida Department of State</b> </div>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
NAME	CRAWFORD, RAY H.		NAME	<div style="text-align: right;">           U000000043043            02/10/04-80049-024 61.25         </div>	
STREET ADDRESS	9740 OAK STREET NE		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG FL 33702		CITY - ST - ZIP		
TITLE	STD		TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
NAME	CRAWFORD, CARROL		NAME		
STREET ADDRESS	9740 OAK STREET NE		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG FL 33702		CITY - ST - ZIP		
TITLE	VD		TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
NAME	CLARK, SCOTT		NAME		
STREET ADDRESS	466 32ND AVE. N.		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG FL 33704		CITY - ST - ZIP		
TITLE	VD		TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
NAME	DELAIRE, PETER		NAME		
STREET ADDRESS	1883 59 WAY NORTH		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG FL 33710		CITY - ST - ZIP		
TITLE			TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <i>Ray H. Crawford</i> <b>RAY H. CRAWFORD</b> <span style="float: right;">2-5-04 727 576 3151</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					