

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01370**



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-2374109

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BEARDSLEE, GORDON R  
1678 ARBOR DRIVE  
CLEARWATER FL 34616

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. 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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD  
NAME: CRAWFORD, RAY H.  
STREET ADDRESS: 9740 OAK STREET NE  
CITY-STATE-ZIP: SAINT PETERSBURG FL 33702 ☐ Delete

TITLE: STD  
NAME: CRAWFORD, CARROL  
STREET ADDRESS: 9740 OAK STREET NE  
CITY-STATE-ZIP: SAINT PETERSBURG FL 33702 ☐ Delete

TITLE: VD  
NAME: CLARK, SCOTT  
STREET ADDRESS: 466 32ND AVE. N.  
CITY-STATE-ZIP: SAINT PETERSBURG FL 33704 ☐ Delete

TITLE: VD  
NAME: DELAIRE, PETER  
STREET ADDRESS: 1883 59 WAY NORTH  
CITY-STATE-ZIP: SAINT PETERSBURG FL 33710 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: 000000594875  
STREET ADDRESS: 01/23/07-80015-024 61.25

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: RAY H. CRAWFORD - RAY H. CRAWFORD**

**1-17-07**

**727.5763151**