

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01370

FILED
Jan 08, 2009
Secretary of State

Entity Name: INTERNATIONAL CRUSADE EVANGELISM, INC.

Current Principal Place of Business:

9740 OAK STREET NE
ST. PETERSBURG, FL 337022612

New Principal Place of Business:

Current Mailing Address:

9740 OAK STREET NE
ST. PETERSBURG, FL 337022612

New Mailing Address:

FEI Number: 59-2374109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEARDSLEE, GORDON R
1678 ARBOR DRIVE
CLEARWATER, FL 34616 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: PD () Delete
Name: CRAWFORD, RAY H.,
Address: 9740 OAK STREET NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: STD () Delete
Name: CRAWFORD, CARROL,
Address: 9740 OAK STREET NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: VD () Delete
Name: CLARK, SCOTT
Address: 466 32ND AVE. N.
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VD () Delete
Name: DELAIRE, PETER
Address: 1883 59 WAY NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

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:

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: RAY H. CRAWFORD

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date