2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006966

Entity Name: CRUSADE FOR CHRIST, WORLD WIDE, INC.

FILED Feb 26, 2009 Secretary of State

5436 SPRINGS RUN AVE 5436 SPRING RUN AVE ORLANDO, FL 32819 ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

5436 SPRINGS RUN AVE ORLANDO, FL 32819 5436 SPRING RUN AVE ORLANDO, FL 32819

FEI Number: 20-1510958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LISA, ROQUE E

5436 SPRINGS RUN AVE

ORLANDO, FL 32819 US

LISA, ROQUE E

5436 SPRING RUN AVE

ORLANDO, FL 32819 US

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: ROQUE E LISA 02/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition
Name: LISA. ROQUE E Name: LISA. ROQUE E

 Name:
 Lisx, Nogoe E

 Address:
 5436 SPRINGS RUN AVE

 City-St-Zip:
 ORLANDO, FL 32819

 City-St-Zip:
 ORLANDO, FL 32819

Title: VD () Delete Title: () Change () Addition

 Name:
 MOREIRA, JONATHAS
 Name:

 Address:
 524 TIMBER RIDGE DR
 Address:

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 LISA, MIZUHA E
 Name:
 LISA, MIZUHA E

 Address:
 5436 SPRINGS RUN AVE
 Address:
 5436 SPRING RUN AVE

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

Title: SD () Delete Title: () Change () Addition

 Name:
 MELLO, LILIAN F
 Name:

 Address:
 524 TIMBER RIDGE DR.
 Address:

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 MENEZES, MOACIR
 Name:

 Address:
 1204 ROYAL OAK DR.
 Address:

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 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: ROQUE E LISA PD 02/26/2009