FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N17569 DOCUMENT #

(7)

BIRLE CRUSADE MINISTRIES, INC.

DIDEE O	HOOME HANDS HEES HEES				
Principal Place of	of Business	Mailing Address		i istilist set matt 1990; ands and) 1811 41811 61811 81811 B1811 B1811 B1811 1881
421 BAMBOO LANE 421 BAN		C/O W. HUGH HARRIS 421 BAMBOO LANE			
		LARGO FL 34640		3. Date incorporated or Qualified 10/28/1986	3a. Date of Last Report 01/26/1995
2. Principal Place	ce of Business BELLEVUE BLVD	2a. Mailing Address 26 /387 BELL	EVUE BAVI	4. FEI Number 59-2839342	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ARWATER FL	City & State 28 CLEARWATE	-R FL	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
23 CLEA 24 346		Zip	Country PINELLAS	8. This corporation has liability for	intangible tax under s. 199,032,
24 5 70	9. Name and Address of Curren		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10. Name and Address of New I	Registered Agent
LARGO F	BOO LANE 'L 34640	and 617 1508. Florida Statutes	83 84 City C	Idress (P.O. Box Number is Not Acceptal BELLEY SE	FL 85 Zip Code 3 4 4 / 4
or registere familiar with	o the provisions of Sections of 77.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	ia. Such change was authorized	by the corporation's b	oard of directors. I hereby accept the app	póintment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and title Lappicable. [NOTE:	Registered Agent signature red		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		Change
NAME	HARRIS, W. HUGH		1.2 NAME	1387 BELLEVUE B	עע גי
STREET ADDRESS	421 BAMBOO LANE			138/ DELLET	74616
CITY - ST - ZIP	LARGO FL	F-1-5. 575	1.4 CITY-ST-ZIP	CLEARWATER FL	Change Addition
TITLE	DST	DELETE	2 1 TITL€		Change 1.1 Madition
NAME	HARRIS, PAULINE H.		2 2 NAME	1387 BELLEVUE	RIVD
STREET ADDRESS	421 BAMBOO LANE		2 3 STREET ADDRESS	CLEARWATER F	1. 746/6
CITY-ST-ZIP	LARGO FL	DELETE	2. 4 C·TY - ST - ZIP 3.1 TITLE	CERTIFICATION	Change Addition
TITLE	DV		32 NAME		
NAME	MOTT, ARTHUR F.,JR. 9845 60TH ST. N. PINELLAS	PARK	3.3 STREET ADDRESS		
STREET ADDRESS	ST. PETERSBURG FL	LANN	3.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	D D	DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HARRIS, JAMES A.	<u></u>	4. 2 NAME		
STREET ADDRESS	207 PARK DRIVE		4.3 STHEET ADDRESS		
	WAUCHULA FL		44 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	WILLIAMS, HAROLD		5.2 NAME		
STREET ADDRESS	238 LAKE HUNTER DR.		5 3 STREET ADORESS		
l :	LAKELAND FL		5 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	D	DELETE	6.1 TITLE		Change Addition
NAME	LEWALLEN, CHARLES M		62 NAME		
STREET ADDRESS	RT. 1 BOX 243-B		63 STREET ADDRESS		
	SHERIDAN AZ		6 4 CITY - ST - ZIP		
CITY-ST-ZIP	STILL HOTH THE		0 1 0 1 1 LH		

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

| SIGNATURE | SIGNATURE | Daylore Priore | Priore