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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:09

DOCUMENT # **N23543** **(4)**

1. Corporation Name
GOSPEL CRUSADE MINISTERIAL FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
1200 GLORY WAY BLVD. BRADENTON FL 34202 US	1200 GLORY WAY BLVD BRADENTON FL 34202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1987**
3a. Date of Last Report: **01/26/1994**
4. FEI Number: **65-0188154** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ALLABACH, ROY
811 CALOOSA TRL
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	DERSTINE, GERALD	1.2 NAME	
STREET ADDRESS	RT. 2 BOX 279	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLEBACH, ROY	2.2 NAME	
STREET ADDRESS	811 CALOOSA TRL	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	WOMBLE, PAUL	3.2 NAME	SINKOVITZ, JOHN
STREET ADDRESS	8108 BUTTONBALL LN	3.3 STREET ADDRESS	1200 GLORY WAY BLVD
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	BRADENTON, FL. 34202
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	ERB, JAMES	4.2 NAME	
STREET ADDRESS	STAR ROUTE BOX 247	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT LAKES MN	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	WOMBLE, PAUL H	5.2 NAME	
STREET ADDRESS	8108 BUTTONBALL LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	DUNK, RICHARD	6.2 NAME	
STREET ADDRESS	1500 STAFFORD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICKSBURG VA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: John H. Sinkovitz John H. SINKOVITZ 1/20/95 813-749-0092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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