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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23543** (4)

1. Corporation Name

**GOSPEL CRUSADE MINISTERIAL FELLOWSHIP, INC.**

Principal Place of Business

**1200 GLORY WAY BLVD.  
BRADENTON FL 34202  
US**

Mailing Address

**1200 GLORY WAY BLVD  
BRADENTON FL 34202  
US**

3. Date Incorporated or Qualified

**11/19/1987**

4. FEI Number

**65-0188154**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLABACH, ROY  
811 CALOOSA TRL  
CASSELBERRY FL 32707**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Roy M. Allebach* **Roy M. Allebach, President**

**1/5/98**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DERSTINE, GERALD	
STREET ADDRESS	1200 GLORY WAY BLVD.	
CITY-ST-ZIP	BRADENTON FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLEBACH, ROY	
STREET ADDRESS	811 CALOOSA TRL	
CITY-ST-ZIP	CASSELBERRY FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SINKOVITZ, JOHN	
STREET ADDRESS	1200 GLORY WAY BLVD	
CITY-ST-ZIP	BRADENTON FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ERB, JAMES	
STREET ADDRESS	STAR ROUTE BOX 247	
CITY-ST-ZIP	DETROIT LAKES MN	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOMBLE, PAUL H	
STREET ADDRESS	8108 BUTTONBALL LN	
CITY-ST-ZIP	PT RICHEY FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUNK, RICHARD	
STREET ADDRESS	1500 STAFFORD AVE.	
CITY-ST-ZIP	FREDERICKSBURG VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **1/5/98** **941-749-0092**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)