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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90092 003 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N23543**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/19/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0188154

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE  
NAME DERSTINE, GERALD  
STREET ADDRESS 1200 GLORY WAY BLVD.  
CITY-ST-ZIP BRADENTON FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME ALLEBACH, ROY  
STREET ADDRESS 811 CALOOSA TRL  
CITY-ST-ZIP CASSELBERRY FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME SINKOVITZ, JOHN  
STREET ADDRESS 1200 GLORY WAY BLVD  
CITY-ST-ZIP BRADENTON FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME ERB, JAMES  
STREET ADDRESS STAR ROUTE BOX 247  
CITY-ST-ZIP DETROIT LAKES MN

4.1 TITLE ☒ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

ROUTE 4, BOX 475 B  
FRAZEE, MN 56548

TITLE VD ☐ DELETE  
NAME WOMBLE, PAUL H  
STREET ADDRESS 8108 BUTTONBALL LN  
CITY-ST-ZIP PT RICHEY FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME DUNK, RICHARD  
STREET ADDRESS 1500 STAFFORD AVE.  
CITY-ST-ZIP FREDERICKSBURG VA

6.1 TITLE ☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE: *John H. Sinkovitz* RET. JOHN H. SINKOVITZ

1/7/99 941-749-0092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)