

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2001 08:00 AM****Secretary of State****DOCUMENT # N23543**1. Entity Name
GOSPEL CRUSADE MINISTERIAL FELLOWSHIP, INC.Principal Place of Business
1200 GLORY WAY BLVD.
BRADENTON FL 34202 USMailing Address
1200 GLORY WAY BLVD
BRADENTON FL 34202 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0188154Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**ALLABACH, ROY
811 CALOOSA TRLCASSELBERRY FL
32707 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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 _____ 02/05/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TD	<input type="checkbox"/> Delete
NAME	DUNK, RICHARD	
STREET ADDRESS	1500 STAFFORD AVE.	
CITY-ST-ZIP	FREDERICKSBURG VA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOMBLE, PAUL H	
STREET ADDRESS	8108 BUTTONBALL LN	
CITY-ST-ZIP	PT RICHEY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERB, JAMES	
STREET ADDRESS	RT 4 BOX 4758	
CITY-ST-ZIP	FRAZEE MN 56548	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SINKOVITZ JOHN	
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	CD	<input type="checkbox"/> Delete
NAME	DERSTINE, GERALD	
STREET ADDRESS	1200 GLORY WAY BLVD.	
CITY-ST-ZIP	BRADENTON FL	

TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNK, RICHARD		
STREET ADDRESS	1500 STAFFORD AVE.		
CITY-ST-ZIP	FREDERICKSBURG VA 22401		
TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOMBLE, PAUL H		
STREET ADDRESS	10350 LAKEVIEW DR		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		
TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ERB, JAMES		
STREET ADDRESS	308 WOODCREST BLVD.		
CITY-ST-ZIP	DETROIT LAKES MN 56501		
TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINKOVITZ JOHN		
STREET ADDRESS	1200 GLORY WAY BLVD		
CITY-ST-ZIP	BRADENTON FL 34202		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEBACH, ROY		
STREET ADDRESS	811 CALOOSA TRL		
CITY-ST-ZIP	CASSELBERRY FL 32707		
TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DERSTINE, GERALD		
STREET ADDRESS	1200 GLORY WAY BLVD.		
CITY-ST-ZIP	BRADENTON FL 34202		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H. SINKOVITZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REV. 02/05/2001

CR2E037 (11/00)