

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90256 044 \*\*\*\*70.00

**DOCUMENT # N23543**

1. Entity Name

**GOSPEL CRUSADE MINISTERIAL FELLOWSHIP, INC.**



Principal Place of Business

**1200 GLORY WAY BLVD.  
BRADENTON FL 34212  
US**

Mailing Address

**1200 GLORY WAY BLVD  
BRADENTON FL 34212  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0188154**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete  
NAME **DERSTINE, GERALD**  
STREET ADDRESS **1200 GLORY WAY BLVD.**  
CITY-ST-ZIP **BRADENTON FL 34212**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **ALLEBACH, ROY**  
STREET ADDRESS **811 CALOOSA TRL**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **SINKOVITZ, JOHN**  
STREET ADDRESS **1200 GLORY WAY BLVD**  
CITY-ST-ZIP **BRADENTON FL 34212**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Rowell Kilmer**  
STREET ADDRESS **3903 Sunset Dr.**  
CITY-ST-ZIP **Ellenton FL 34222**

TITLE **VD** ☐ Delete  
NAME **ERB, JAMES**  
STREET ADDRESS **308 WOODCREST BLVD.**  
CITY-ST-ZIP **DETROIT LAKES MN 56501**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **WOMBLE, PAUL H**  
STREET ADDRESS **10350 LAKEVIEW DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **DUNK, RICHARD**  
STREET ADDRESS **1500 STAFFORD AVE.**  
CITY-ST-ZIP **FREDERICKSBURG VA 22401**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: **ROY ALLEBACH** *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/03**

**941-749 0092**

CR2E037 (10/02)