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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

N33400

FILED
May 08 1997 8:00am
Secretary of State

1. Corporation				·			
OVERS	SEAS MISSIONARY CRUSA	IDES, INC.					
Principal Place	e of Business	Mailing Address			i j ii i ikk eisii iiii iii		
% CLIVE R. RO 384 LISA STRE LAKELAND FL	ET	% CLIVE R. ROTHERT 384 LISA STREET LAKELAND FL 33815-3726					
TWEETAND LT	33001	ENGLINAD 11 00019 0120		3. Date incorporated or Qualified 07/24/1989	3a. Date of Last 05/01/1	Report 1996	
, ' <u> </u>		2a. Mailing Address		4. FEI Number 59-3004988		Applied For	
		Suite, Apt. #, etc.			60 75	Not Applicable Additional	
2		27		5. Certificate of Status Desired	4	Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under		
4	25 9. Name and Address of Curre		30	Fiorida Statutes 10. Name and Address of New Reg	Yes No		
	9. Name and Address of Curie	ur vedistered Wdeur	81 Name	10. Name and Address of New Ha	distalan Manit		
ROTHE	RT, CLIVE R.			Idress (P.O. Box Number is Not Acceptab	le)		
	A STREET ND FL 33801		63	· · · · · · · · · · · · · · · · · · ·			
LANELA	ND FL 33601		04 00		1221 4		
			84 City	orporation submits this statement for the praision's board of directors. I hereby accep	FLII	p Code	
SIGNATURE .	Signature, typied or printed name of registered ag OFFICERS AN	ND DIRECTORS	E: Registered Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 TITLE		, L. Change	a 🔲 Addition	
NAME	ROTHERT, CLIVE R.		1.2 NAME				
TREET ADDRESS	384 LISA STREET		1.3 STREET ADDRESS				
CITY-SI-ZIP	LAKELAND FL D		4 4 0 00 4 07 7 10				
IAME	ROTHERT, ROSE S.	DELETE	1.4 CRY-ST-ZIP		Change	B Addition	
TREET ADDRESS		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change	e Addition	
HTY-ST-ZIP	384 LISA STREET	☐ DELETE	2.1 TITLE		☐ Change	e 🔲 Addition	
7111 0. 211	384 LISA STREET LAKELAND FL	_	2.1 TITLE 2.2 NAME				
	LAKELAND FL D	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	D GERALD E. OHDE			
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I do 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.

11 OLVERTER R. ROTHERT 4/29/97 941 688-1857