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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N33400

1. Corporation Name
OVERSEAS MISSIONARY CRUSADES, INC.

Principal Place of Business
% CLIVE R. ROTHERT
384 LISA STREET
LAKELAND FL 33801

Mailing Address
% CLIVE R. ROTHERT
384 LISA STREET
LAKELAND FL 33801

2. Principal Place of Business	2a. Mailing Address
21 10150 BELLE RIVE BLVD	26 10150 BELLE RIVE BLVD
Suite, Apt. #, etc. 22 #501	Suite, Apt. #, etc. 27 #501
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL
Zip 24 32256 Country 25 DUVAL	Zip 29 32256 Country 30 DUVAL

3. Date Incorporated or Qualifed: 07/24/1989
4. FEI Number: 59-3004988 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROTHERT, CLIVE R.
10150 BELLE RIVE BLVD, #501
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D P. ☐ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☐ Addition
NAME	ROTHERT, CLIVE R.	1.2 NAME	
STREET ADDRESS	10150 BELLE RIVE BLVD, 501	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	D S/T ☐ DELETE	2.1 TITLE	SECRETARY/TREASURER ☐ Change ☐ Addition
NAME	ROTHERT, ROSE S.	2.2 NAME	
STREET ADDRESS	10150 BELLE RIVE BLVD, 501	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	OHDE, GERALD E	3.2 NAME	
STREET ADDRESS	P O BOX 7367 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	D. ☐ Change ☑ Addition
NAME		4.2 NAME	CHARLES N. BROWN
STREET ADDRESS		4.3 STREET ADDRESS	5238 WOOD ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PT. ORANGE, FL 32019
TITLE	☐ DELETE	5.1 TITLE	D ☐ Change ☑ Addition
NAME		5.2 NAME	HAROLD R. ROTHERT
STREET ADDRESS		5.3 STREET ADDRESS	10150 BELLE RIVE BLVD #501
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☑ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: ROSE S. ROTHERT VP/S/T Rose S. Rothert — 2/5/99 — 904-998-1538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rose S. Rothert