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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 10150 BELLE RIVE BLVD	26 10150 BELLE RIVE BLVD	07/24/1989
Suite, Apt. #, etc. 22 #501	Suite, Apt. #, etc. 27 #501	4. FEI Number 59-3004988 ☐ Applied For ☑ Not Applicable
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 32256 25 DUVAL	Zip / Country 29 32256 30 DUVAL	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	B P. ROTHERT, CLIVE R. 10150 BELLE RIVE BLVD, 501 JACKSONVILLE FL 32258	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B SVT ROTHERT, ROSE S. 10150 BELLE RIVE BLVD, 501 JACKSONVILLE FL 32258	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY/TREASURER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OHDE, GERALD E P O BOX 7367 N/A OKLAHOMA CITY OK	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE D. / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	CHARLES N. BROWN 5238 WOOD ST. PT. ORANGE, FL 32019	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE D / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	HAROLD R. ROTHERT 10150 BELLE RIVE BLVD #501 JACKSONVILLE, FL 32256	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☑ Addition

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 REPUBLIC Parkert 2/5/99 904-998-1538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rose S. Parkert