

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42830

FILED
Mar 21, 2009
Secretary of State

Entity Name: T. QUACKENBOS CRUSADES, INC.

Current Principal Place of Business:

7906 WESTMONT DR.
FT PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

7906 WESTMONT DR
FT PIERCE, FL 34951 US

New Mailing Address:

FEI Number: 65-0257331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIMOTHY, QUACKENBOS - REV.
7906 WESTMONT DR.
FT. PIERCE, FL 34951 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: QUACKENBOS, TIMOTHY S REV.
Address: 7906 WESTMONT DR.
City-St-Zip: FT. PIERCE, FL 34951 US

Title: DS () Delete
Name: RADICA, QUACKENBOS
Address: 7906 WESTMONT DR
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: HARRISON, EVERETT ELDER
Address: 2796 CO RD. 110
City-St-Zip: JACK, AL 36346

Title: D () Delete
Name: MARGARET, HARRISON
Address: 2796 CO RD.110
City-St-Zip: JACK, AL 36346 US

Title: DT () Delete
Name: BOYD, RUAL A
Address: 9413 HORTON RD
City-St-Zip: FORT PIERCE, FL 34945

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PANGBURN, CALVIN K D
Address: 1630 W. DAUGHTERY RD
City-St-Zip: LAKELAND, FL 33810 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. TIMOTHY QUACKENBOS SR.

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date