FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION, ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT #

N9700005808 (7)

CRUSADE FOR LIFE OUTREACH MINISTRY INC.

FILED May 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				1 18811101 010 10111 10011 08111 09111 09111 00	III Buidt bifb e ibief bi	INI IDA RIDA
P.O. 80X 10456 8T. PETERSBURG FL 33733-0456 P.O. BOX 10456 ST. PETERSBURG FL 33733-0456			3. Date Incorporated or Qualified 10/15/1997			
. 4511 67th St. W. & P.O. BOX 10456				4. FEI Number	11	plied For
V 100						t Applicable
21 5 11 Copper 26 26				5. Certificate of Status Desired	\$8.75 A	quired
22 APT A 27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 BRAGUITUN, FL 28 ST. PUTUSIOUTY, FL				7. Is this nonprofit corporation a homeowners association?		
コ ^{zip} タリ	210 25 Manate 29 33	''' A2	Pinellas	8. This corporation owes or has paid the		I
24 34	9, Name and Address of Current Registered A	30	7 Metrics	Personal Property Tax due June 30. 10. Name and Address of New Register		No
	S. Haite and Address of Cuttern Registered A	10. Name and Address of New Progrete	ed Agent			
WIAI VE	n nemos	Pertra Walkery	1/1			
WALKER, DEITRA 82 Street Addre				ess (P.O. Box Number is Not Acceptable)	(* / / /	
4\$11 67TH \$T. WEST, APT. A BRADENTON FL 34210			83 00	61th St 10. 1	// /\	
DISTULLI	110/11 11 04210	1	HOT	74	<u> </u>	
			84 City Cy	denton 'I		12210
11. Pursuant	to the provisions of Sections 617.0502 and 617.1508	, Florida Statutes, the	above-pamed corpo	oration sobmits this statement for the purpos	se of changing its	s registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation somits 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 body of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 617.0503 Florida. Such change was authorized by the corporation of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of.						
SIGNATURE	Signature, typed or printed name of registered agent and little if application	e (Noit Regist	ered Ageli e gnature require	ed when reinstaling) DA	IE .	<u> </u>
12,	OFFICERS AND DIRECTORS	1	3.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	DIRECTOR "D".		1 TITLE		Change	☐ Addition
NAME		1. T	2 NAME	1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1		
STREET ADDRESS	MARSHA HENRY 220 13TH AVE NORTH APT	1	3 STREET ADDRESS	The state of the s		
CITY-ST-ZIP	STI PETERS BUNG, FL 33733	1.	4 CITY-ST-ZIP	the state of the s		
TITLE	DIRECTOR		1 TITLE	•	∐ Change	Addition (
NAME	PAMELA WELDON		2 NAME			
STREET ADDRESS	1153 3 AD TERRACE NORTH.		3 STREET ADDRESS			
CITY-ST-ZIP	STIPETERS bURGIFL 337	2.	4 CITY-ST-ZIP		Change	Addition
TITLE NAME	DIRECTOR "D"		1 TITLE 2 NAME			L Addition
STREET ADDRESS	DARIENE WILSON 1 1	5	3 STREET ADDRESS			
CITY-ST-ZIP	ST. Petersburg, FL 337		4. CITY-ST-ZIP			
TITLE	Directoe "D"		1 TITLE		Change	Addition
NAME		<u>(</u> γ) 4.	2 NAME			
STREET ADDRESS	DEITRA WAIKER	1 43	3 STREET ADDRESS			
CITY-ST-ZIP	YEII 67tH ST. WEST APT A BRADENTON : FL 34210		4 CITY - ST - ZIP			
TITLE	(DELETE 5.	1 TITLE		Change	☐ Addition
NAME	3	5.	2 NAME			
STREET ADDRESS		5.	3 STREET ADDRESS			
CITY-ST-ZIP			4 CITY-ST-ZIP			
TITLE		DELETE 6.	1 TITLE		☐ Change	Addition
NAME		6.	2 NAME			
STREET ADDRESS		6.	3 STREET ADDRESS			j
CITY-ST-ZIP			4 CITY-ST-ZIP	Continue 440 07/20/0) Florida Chandra Life	s and to the state	blosmotics
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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Shalles: and that my name appears in Block 12 or Block 13 if changed or on an attachment with an angless.						