

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90255 019 ****61.25

03-01-1999 90255 020 *****8.75

DOCUMENT # N97000005808

1. Corporation Name

CRUSADE FOR LIFE OUTREACH MINISTRY INC.

Principal Place of Business

4511 67TH STREET W
#A
BRADENTON FL 34210
US

Mailing Address

P.O. BOX 10456
ST. PETERSBURG FL 33733-0456
US



2. Principal Place of Business

21 **4619 34th St WEST**

Suite, Apt. #, etc.

22

City & State

23 **Bradenton, FL**

Zip

34210

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

10/15/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

WALKER, DEITRA
4511 67TH ST. WEST, APT. A
BRADENTON FL 34210

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **HENRY, MARSHA**
STREET ADDRESS **220 13TH AVENUE NORTH #2**
CITY-ST-ZIP **ST PETERSBURG FL 32733**

TITLE **D** ☒ DELETE

NAME **WELDON, PAMELA**
STREET ADDRESS **1153 3RD TERRACE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **D** ☒ DELETE

NAME **WILSON, DARLENE**
STREET ADDRESS **2525 16TH AVENUE SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **D** ☐ DELETE

NAME **WALKER, DEITRA**
STREET ADDRESS **4511 67TH STREET WEST #A**
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **Constance Riley**
1.3 STREET ADDRESS **4511 21st Ave South**
1.4 CITY-ST-ZIP **St. Petersburg, FL 33711**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **Cassandra Smalls**
2.3 STREET ADDRESS **4511 21st Ave South**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33711**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Deitra Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7, 1999 (941) 727-1979
Date Daytime Phone #

0053939

CR2E037 (11/98)