

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90020 038 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001121 1. Corporation Name ENDTIME CRUSADERS, INC.			
Principal Place of Business P. O. BOX 1025 SAFETY HARBOR FL 34695		Mailing Address P. O. BOX 1025 SAFETY HARBOR FL 34695	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 02/25/1998		4. FEI Number (EIN) 59-3499884	
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 BARCLAY, DEBRA 730 DEL ORO DR. SAFETY HARBOR FL 34695		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
12. OFFICERS AND DIRECTORS			
1. Assistant Vice President ☐ DELETE LORRIE LENAUGHEN 10030 KENNESSEE AVE NEW PORT RICHEY FL 34668			
2. Assistant Vice President ☐ DELETE Debra Wilson 7814 Hideaway Trl NEW PORT RICHEY, FL 34668			
3. Director ☐ DELETE Mary Ann Keyser 7015 Brethren Dr. Port Richey, FL 34668			
4. Director ☐ DELETE Debra Wilson 7814 Hideaway Trl NEW PORT RICHEY, FL 34668			
5. Director ☐ DELETE Debra Wilson 7814 Hideaway Trl NEW PORT RICHEY, FL 34668			
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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: Debra Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/1999 724-1727(227)

Date Daytime Phone #

CR2037 (11/88)