

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001121

1. Entity Name
ENDTIME CRUSADERS, INC.

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90037 020 ****70.00

Principal Place of Business

P. O. BOX 1035
SAFETY HARBOR FL 34695

Mailing Address

P. O. BOX 1035
SAFETY HARBOR FL 34695

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3499884**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BARCLAY, DEBRA
730 DEL ORO DR.
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **AVPD**
STREET ADDRESS **LENAGHEN, LORRIE**
CITY-ST-ZIP **6030 TENNESSEE AVE**
NEW PORT RICHEY FL 34653

TITLE ☐ Delete
NAME **AVPD**
STREET ADDRESS **WILSON, DARON**
CITY-ST-ZIP **7814 HIDEAWAY TRL**
NEW PORT RICHEY FL 34653

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **KEYSER, KARYN A**
CITY-ST-ZIP **7015 BRENTWOOD DR**
PORT RICHEY FL 34668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **AVPD**
STREET ADDRESS **Lenaghan, Lorrie**
CITY-ST-ZIP **6019 Eleventh Ave.**
New Port Richey, FL 34653

TITLE ☒ Change ☐ Addition
NAME **AVPD**
STREET ADDRESS **Wilson, Aaron**
CITY-ST-ZIP **3534 Cantrell Street**
New Port Richey, FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 841-8599

CR2E037 (9/01)