

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001121

Entity Name: ENDTIME CRUSADERS, INC.

FILED  
Feb 11, 2004  
Secretary of State

## Current Principal Place of Business:

P. O. BOX 1035  
SAFETY HARBOR, FL 34695

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 1035  
SAFETY HARBOR, FL 34695

## New Mailing Address:

FEI Number: 59-3499884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARCLAY, DEBRA  
17935 HOLLYBROOK DR.  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

BARCLAY, DEBRA  
17935 HOLLY BROOK DR.  
TAMPA, FL 33647 US

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: DEBRA BARCLAY PRESIDENT

02/11/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: AVPD ( ) Delete  
Name: CLINTON, LINDA  
Address: 5435 BINGER COVE DR.  
City-St-Zip: TAMPA, FL 33615

Title: AVPD ( ) Delete  
Name: CLINTON, WILLIAM  
Address: 5435 GINGER COVE DR.  
City-St-Zip: TAMPA, FL 33615

Title: VPD ( ) Delete  
Name: KEYSER, KARYN  
Address: 2145 BROOKSIDE DR.  
City-St-Zip: LUTZ, FL 33558

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AVPD (X) Change ( ) Addition  
Name: CLINTON, LINDA  
Address: 5435 GINGER COVE DR.  
City-St-Zip: TAMPA, FL 33615

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KARYN KEYSER

VP

02/11/2004

Electronic Signature of Signing Officer or Director

Date