2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
01-24-2003 90062 030 ****70.00

DOCUMENT # N98000001121

1. Entity Name
ENDTIME CRUSADERS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1035 SAFETY HARBOR FL 34695	P. O. BOX 1035 SAFETY HARBOR FL 34695

☐ CHECK HERE IF MAKING CHANGES

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

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: Barclay, Debra
Street Address (P.O. Box Number is Not Acceptable): 17935 Hollybrook Dr.
City: Tampa FL Zip Code: 33647

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVPD LENAGHEN, LORRIE 6019 ELEVENTH AVE NEW PORT RICHEY FL 34653	☑ Delete	AVPD Linda Clinton 5435 Ginger Cove Drive Tampa, FL. 33615	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVPD WILSON, AARON 3534 CANTRELL STREET NEW PORT RICHEY FL 34652	☑ Delete	AVPD William Clinton 5435 Ginger Cove Drive Tampa, FL 33615	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KEYSER, KARYN A 7015 BRENTWOOD DR PORT RICHEY FL 34668	☐ Delete	VPD Keyser, Karyn 2145 Brookside Dr. Lutz, FL 33558	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Karyn A. Keyser SIGNATURE REQUIRED 1-21-03 (813) 792-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #