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FILED

Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P35562 (8)

1. Corporation Name

TRINITY CRUSADES FOR CHRIST, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 11164  
JACKSONVILLE FL 32239-1164P.O. BOX 350300  
JACKSONVILLE FL 32235-0300  
US3. Date Incorporated or Qualified  
09/16/19913a. Date of Last Report  
02/26/19964. FEI Number  
34-1037893Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCUSSEL, BETTY L.  
1439 BLACKHAWK TR. W.  
JACKSONVILLE FL 32225

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP ☐ DELETE  
NAME RODGERS, THOMAS  
STREET ADDRESS 6400 BELLE RIVE  
CITY-ST-ZIP NEWBURGH IN1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE DVC ☐ DELETE  
NAME HUNTER, HAROLD  
STREET ADDRESS 4561 RACCOON TRAIL  
CITY-ST-ZIP HERMITAGE TN2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE DS ☐ DELETE  
NAME RODGERS, GAYL  
STREET ADDRESS 6400 BELLE RIVE  
CITY-ST-ZIP NEWBURGH IN3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE DT ☐ DELETE  
NAME HUNTER, MARILYN  
STREET ADDRESS 4561 RACCOON TRAIL  
CITY-ST-ZIP HERMITAGE TN4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE VP ☐ DELETE  
NAME HUNTER, HAROLD  
STREET ADDRESS 4561 RACCOON TRAIL  
CITY-ST-ZIP HERMITAGE TN5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Rodgers

1-7-97

Date

Daytime Phone # 0006273

CR2E037 (9/96)