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Feb 13, 1999 8:00am
Secretary of State

02-13-1999 90001 035 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35562

1. Corporation Name

TRINITY CRUSADES FOR CHRIST, INC.

Principal Place of Business

P O BOX 350300
JACKSONVILLE FL 32235-0300
US

Mailing Address

P.O. BOX 350300
JACKSONVILLE FL 32235-0300
US



2. Principal Place of Business

21 P O BOX 350300

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

09/16/1991

4. FEI Number

34-1037893

Applied For

Not Applicable

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	RODGERS, THOMAS	
STREET ADDRESS	6400 BELLE RIVE	
CITY-ST-ZIP	NEWBURGH IN	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	HUNTER, HAROLD	
STREET ADDRESS	4561 RACCOON TRAIL	
CITY-ST-ZIP	HERMITAGE TN	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RODGERS, GAYL	
STREET ADDRESS	6400 BELLE RIVE	
CITY-ST-ZIP	NEWBURGH IN	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HUNTER, MARILYN	
STREET ADDRESS	4561 RACCOON TRAIL	
CITY-ST-ZIP	HERMITAGE TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUNTER, HAROLD	
STREET ADDRESS	4561 RACCOON TRAIL	
CITY-ST-ZIP	HERMITAGE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

THOMAS RODGERS

1-20-99

904/221-3059

CR2E037 (1/98)