## 2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001685

Entity Name: AL LACY CRUSADES, INC.

**Current Principal Place of Business:** 

2139 MISTY GLEN DRIVE APOPKA, FL 32712

**Current Mailing Address:** 

**PO BOX 508** 

ASTATULA FL 34705 US

FEI Number: 74-2147678 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARRANTS, KELLY L 2139 MISTY GLEN DRIVE APOPKA, FL 32712 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: KELLY ARRANTS 01/26/2018

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

ARRANTS, KELLY L Name PUTER, CONNIE L Name 2139 MISTY GLEN DRIVE Address 472 SANTEE ST. Address

City-State-Zip: APOPKA FL 32712 City-State-Zip: **GRAND JUNCTION CO 81504** 

Title DIRECTOR Title **SECRETARY** 

Name ARRANTS, ANDREW J Name ARRANTS, DEAN E Address 5613 DELIA LANE SW Address 2139 MISTY GLEN DRIVE

PORT ORCHARD WA 98367 City-State-Zip: City-State-Zip: APOPKA FL 32712

Title **DIRECTOR** 

ARRANTS, BRETT J Name

721 33 ROAD Address

City-State-Zip: CLIFTON CO 81520

I hereby 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 all other like empowered.

SIGNATURE: KELLY ARRANTS **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

01/26/2018

Date

**FILED** Jan 26, 2018

**Secretary of State** 

CC3242426190

Date