

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

	rate in Number	NF-21701	Annual Report for the year 1998		
1. TI	ne name of the co	orporation is <u>CAMPL</u>	IS CRUSADE FOR CHRIST, INC.		
_ 2. Th	ne state or other i	urisdiction under the I	sdiction under the laws of which it is incorporated is <u>CA</u>		
	The address of the registered office of the corporation in this state is1 DONALDSON ROSS ROAD				
	BARRINGTON, RI 02806				
a	and the name of its registered agent in this state at that address is TIMOTHY ZULKER				
4, T	The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is				
	If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it incorporated is				
7. Na nu	ames and address mber of directors	ses of its directors an of a domestic (Rhode	d officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the e Island) corporation shall not be less than three (3).)		
	NAME	OFFICE	ADDRESS		
		Director			
		Director			
		Director			
		Director Director President Vice-Preside	ent		
		Director Director President Vice-Preside Secretary	ent		
		Director Director President Vice-Preside	ont		
)ated:		Director Director President Vice-Preside Secretary	Under penalty of perjury, I declare and affirm that I have examined this		
Dated:		Director Director President Vice-Preside Secretary			
Dated:		Director Director President Vice-Preside Secretary	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that		
FOR	2 1 7 0 SECRETARY OF STA	Director Director President Vice-Preside Secretary Treasurer	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Exact Name of Corporation		
FOR le Date	2 1 7 0 SECRETARY OF STA	Director Director President Vice-Preside Secretary Treasurer	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Exact Name of Corporation By		
FOR le Date	2 1 7 0 SECRETARY OF STA	Director Director President Vice-Preside Secretary Treasurer	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Exact Name of Corporation		

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$20.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form NP-14, along with a \$10.00 fee must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040.

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REQUE OF RELOAD AND PROVIDENCE FLANIATIONS

REQUE

OF THE OF REPORT OF TAXABLE FOR THE SECOND SECTIONS.

v. c. James R. Langeving Secretary of State

PRESORTED FIRST GLASS













