

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90278 047 \*\*\*\*61.25

**DOCUMENT # 704577**

1. Entity Name

CRUSADERS FOR CHRIST EVANGELISTIC  
ASSOCIATION I NC

Principal Place of Business

8426 HIXSON PIKE  
P.O. BOX 337

HIXSON, TENN. 37343

Mailing Address

8426 HIXSON PIKE  
P.O. BOX 337

HIXSON, TENN. 37343

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

13-0670457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**950369**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN, DOROTHY

1432 1st Street

SOUTHPORT, FLA. 32409

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES ARE \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS NINA SMIGIEL  
CITY-ST-ZIP 8817 WINDHAVEN DR.  
00142 WAH, Tenn. 37363

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS Walter S. Smigiel  
CITY-ST-ZIP 8817 WINDHAVEN DR.  
00142 WAH, Tenn. 37363

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS William M. DUNN  
CITY-ST-ZIP 2407 HOLLY HILL RD.  
50824, Tenn. 37379

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME P.D  
STREET ADDRESS DOROTHY DUNN  
CITY-ST-ZIP 1432 1st Street  
Southport, Fla. 32409

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WANDA REED  
CITY-ST-ZIP 206 LAUREL AVE.  
So. Pittsburg, Tenn. 37380

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS Debra L. DUNN  
CITY-ST-ZIP 101 MASTERS RD.  
HIXSON, Tenn. 37343

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Dorothy Dunn DOROTHY DUNN

4-24-00 (423) 842-2183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)