

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90290 002 \*\*\*\*61.25

DOCUMENT # N50204

1. Entity Name

Evangelists Crusading for Christ Inc. (19)

Principal Place of Business

8456 Gullege Dr.

Mailing Address

8456 Gullege Dr.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

32219

Country

Duval

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Sequan Bolatiwa  
 P.O. Box 43172

7. Name and Address of New Registered Agent

Name Carolyn D. Bolatiwa  
 Street Address (P.O. Box Number is Not Acceptable) 8456 Gullege Dr.  
 Jacksonville Florida  
 City FL Zip Code 32219

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 Carolyn D. Bolatiwa

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/01/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | Cardlyn Bolatiwa        | <input type="checkbox"/> Delete |
| NAME           | 8456 Gullege Dr         |                                 |
| STREET ADDRESS | Jax FL 32219            |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          | James Eric M.           | <input type="checkbox"/> Delete |
| NAME           | 3442 N. Japonica Rd     |                                 |
| STREET ADDRESS | Jax FL 32209            |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          | Thomas Thaddeus         | <input type="checkbox"/> Delete |
| NAME           | 4245 Fredericksburg Ave |                                 |
| STREET ADDRESS | Jax FL 32209            |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                 |   |
|----------------|-----------------|---|
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |   |
| STREET ADDRESS |                 |   |
| CITY-ST-ZIP    |                 |   |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |   |
| STREET ADDRESS |                 |   |
| CITY-ST-ZIP    |                 |   |
| TITLE          | Thomas Thaddeus | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 9243 1st Ave    |   |
| STREET ADDRESS | Jax FL 32209    |   |
| CITY-ST-ZIP    |                 |   |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |   |
| STREET ADDRESS |                 |   |
| CITY-ST-ZIP    |                 |   |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |   |
| STREET ADDRESS |                 |   |
| CITY-ST-ZIP    |                 |   |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |   |
| STREET ADDRESS |                 |   |
| CITY-ST-ZIP    |                 |   |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn D. Bolatiwa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/01/01

Daytime Phone #

CR2E034 (11/00)