

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:12

DOCUMENT # N94000004240 (7)

1. Corporation Name

UNITY CRUSADE MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/29/1994
3a. Date of Last Report

4. FEI Number 59-3019429
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

Principal Place of Business Mailing Address
101-11 WEST 48TH STREET
JACKSONVILLE FL 32209

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

WRIGHT, JEROME N
11685 CHESTNUT OAK DRIVE EAST
JACKSONVILLE FL 32218

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

INATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME Jerome Wright
STREET ADDRESS 11685 Chestnut Oak E.
CITY - ST - ZIP Jacksonville, Fla. 32218

TITLE **T**
NAME Lawrence Walton
STREET ADDRESS 2074 McQuade St.
CITY - ST - ZIP Jacksonville, Fla. 32209

TITLE **T**
NAME Denise Walton
STREET ADDRESS 2074 McQuade Street
CITY - ST - ZIP Jacksonville, Fla. 32209

TITLE **T**
NAME Gwendolyn Bostic
STREET ADDRESS 1880 Daytona Lane
CITY - ST - ZIP Jacksonville, Fla. 32218

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP ☐ Change ☐ Addition

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Jerome N. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome N. Wright Pastor/President

4/25/95
Date

4/25/95

(904) 751-0630
Daytime Phone #

904/751-0630

0035290