

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N95000002225 (9)**

1. Corporation Name

CRUSADE FOR RE-UNITING FAMILIES INC.



| | |
|---|---|
| Principal Place of Business 660 CYPRESS CLUB WAY., APT C POMPANO BEACH FL 33064 | Mailing Address P.O. BOX 82 POMPANO BEACH FL 33061-0082 |
|---|---|

3. Date Incorporated or Qualified

05/05/1995

4. FEI Number

65-0588764

Applied For

Not Applicable

| | |
|---|---|
| 2. Principal Place of Business 21 4360 N.W. 12TH DRIVE Suite, Apt. #, etc. 22 City & State 23 POMPANO BEACH, FL Zip 24 33064 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 |
|---|---|

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIMES, ROGER
660 CYPRESS CLUB WAY., APT C
POMPANO BEACH FL 33064**

| | |
|---|-----------------------------|
| 81 Name | GRIMES, ROGER |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 4360 N.W. 12TH DRIVE |
| 83 | |
| 84 City | POMPANO BEACH FL |
| 85 Zip Code | 33064 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRIMES, ROGER | 1.2 NAME | |
| STREET ADDRESS | 660 CYPRESS CLUB WAY., APT C | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THUMAE, JAMES JR | 2.2 NAME | D. THOMAS, JAMES JR |
| STREET ADDRESS | 2631 NW 16TH CT | 2.3 STREET ADDRESS | 2631 N.W. 16 CT |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33311 | 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33311 |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BATES, WILLIAM | 3.2 NAME | |
| STREET ADDRESS | 5934 GRANDVIEW DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46208 | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRAY-GRIMES, AURILIA | 4.2 NAME | |
| STREET ADDRESS | 660 CYPRESS CLUB WAY., APT C | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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: **ROGER GRIMES**

2-24-98 9549433328

CP2E037 (10/97)