FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 18, 1999 8:00 am Secretary of State

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DOCUMENT 1. Corporation Name

CRUSADE FOR RE-UNITING FAMILIES INC.

Principal Place of Business
4360 NW 12TH DRIVE
POMPANO BEACH FL 33064
US

2. Principal Place of Business

Mailing Address

2a. Mailing Address

P.O. BOX 82

26

POMPANO BEACH FL 33061-0082

3. Date Incorporated or Qualifed 05/05/1995

21											
Suite, Apt.	. #, etc.	Suite, Apt. #,	etc.			4. FEI Number 65-05887			oplied For		
22		27							ot Applicable		
´	City & State City & State					5. Certifcate of Status Desired		T	\$8.75 Additional Fee Required		
23	Country			Country		6 Floation Co	mpaign Financing _r	\$5.00	May Be		
Zip	_ `	⊢ '	30	2001 III y			Contribution	Added i			
24	25	[29]	[30]				Address of New Reg		10 1 000		
	9. Name and Address of Current	Registered Agent		81	Name	IV. Maille allu	Addiess of Hew Ives	iatorou Agoria			
CDIMES	ORINATO DOOFD										
	GRIMES, ROGER 4360 NW 12TH DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)						
	O BEACH FL 33064			83							
(VIIII / LVI				84 City 85 Zip Code							
					FL						
11. Pursuant	t to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617,1508, Florid	da Statutes, the	e above	-named con	poration submits thi	s statement for the purions if hereby accept the	rpose of changing its ne appointment as re	registered anstered		
office or	registered agent, or both, in the State o am familiar with, and accept the obligati	ions of, Section 617.	ge was authori 0503, Florida S	tatutes.	ine conporat	ion a board or difect	oro. , noroby doopt to	io -pponiarion: 00 10	g-210122		
			ŕ								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regist	ered Agent	signature requir	red when reinstating)		DATE			
12.	OFFICERS AND		1	13.	<u></u>	ADDITIONS/	CHANGES TO OFFIC	ERS AND DIRECTO)RS IN 12		
TITLE	PD		ELETE 1	1 TITLE		A.D	•	- C hange	Additio		
NAME	GRIMES, ROGER		1	2 NAME	l k	COSER GRI	m63				
	01/07/00 011/0 14/41/ 407	· o	I "	3 STREET	ADDRESS 4	1360 N. W	. 12TH DR.				
STREET ADDRESS	POMPANO BEACH FL 33064	U	1	.4 CITY-ST	710	am day	BEACH, FL	33064			
CITY-ST-ZIP	D DENOTTE SOUR			.1 TITLE	- <u>ZIF</u>	VIII AUC	VERDO / I -	Change	Additio		
	THOMAS, JAMES JR.	u.		2 NAME			•				
NAME .	ARRA ARM ARTH OT		I -		4000000						
STREET ADDRESS				3 STREET			-				
CITY-ST-ZIP	FT. LAUDERDALE FL 33311			. 4 CITY-S	r-zip			☐ Change	Additio		
TITLE	D			.1 TYTLE				_ o,g-			
NAME	BATES, WILLIAM		- I	.2 NAME							
STREET ADDRESS	· · · · · · · · · · · · · · · · ·		3	.3 STREET	ADDRESS						
CiTY-ST-ZIP	INDIANAPOLIS IN 46208			.4. CITY- \$	T-ZIP						
TITLE	S	□ D	ELETE 4	.1 TITLE	5	·	er. availia	_ d Change	Additio		
NAME	GRAY-GRIMES, AURILIA		4	. 2 NAME	6	RAY - OKIMI	12 74 00				
STREET ADDRESS	s 660 CYPRESS CLUB WAY., APT	C	4	.3 STREET	ADDRESS A	4306 N.U	via. Vic				
CITY-ST-ZIP	POMPANO BEACH FL 33064		4	.4 CITY-S?	r-ZIP	POMPAN	S, Availia v. 12 Th OR BEACH,	FL 3306	<u> </u>		
TITLE			ELETE 5	.1 TITLE				Change Change	Additio		
NAME			5	2 NAME							
STREET ADDRESS			5	.3 STREET	ADDRESS						
	~		5	4 CITY-ST	-ZIP						
CITY-ST-ZIP				1 TITLE				Change	Additio		

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, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS