


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 04 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Hortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N97000003595 1. Corporation Name <b>JCU CRUSADE MINISTRY CHURCH OF UNITY INCORPORATED</b>					
Principal Place of Business <b>P.O. BOX 169 4400 Tulip Ave. Nocatee, Fl. 34268</b>			Mailing Address <b>Elder Le'roy James 20185 Midway Blvd. Pt. Charlotte, Fl. 33952</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
3. Date Incorporated or Qualified <b>June 23, 1997</b>			4. Fee Number <b>June 23, 1997</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent <b>Elder Le'roy James 20185 Midway Blvd Pt. Charlotte, Fl. 33952</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME <b>Elder Le'roy James</b> STREET ADDRESS <b>20185 Midway Blvd. (Pres.)</b> CITY-ST-ZIP <b>Pt. Charlotte, Fl. 33952</b> TITLE <input type="checkbox"/> DELETE NAME <b>Vice Pres.</b> STREET ADDRESS <b>Missionary Minnie Lee Hill</b> CITY-ST-ZIP <b>P.O. Box 169 4394 Tulip Ave.</b> <b>Nocatee, Fl. 34268</b> TITLE <input type="checkbox"/> DELETE NAME <b>Sec.</b> STREET ADDRESS <b>Barbara Ann James Pt. Charlotte</b> CITY-ST-ZIP <b>20185 Midway Blvd. Fl. 33952</b> TITLE <input type="checkbox"/> DELETE NAME <b>Richard Dunbar</b> STREET ADDRESS <b>P.O. Box 169</b> CITY-ST-ZIP <b>Nocatee, Fl. 34268</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: <b>Elder Le'roy James</b> 5/1/98 941 764-1655 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)					

CR2E037 (10/97)