

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90010 014 \*\*\*\*61.25

**DOCUMENT # N97000003595**

1. Corporation Name

JCU CRUSADE MINISTRY CHURCH OF UNITY INCORPORATE  
D

Principal Place of Business

P.O. BOX 169  
4400 TULIP AVENUE  
NOCATEE FL 34268

Mailing Address

ELDER LE'ROY JAMES  
20185 MIDWAY BOULEVARD  
PT. CHARLOTTE FL 33952



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

JAMES, LE'ROY ELDER  
20185 MIDWAY BLVD.  
PT. CHARLOTTE FL 33952

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 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

TITLE **PRES** D ☐ DELETE

NAME JAMES, LE'ROY ELDER  
STREET ADDRESS 20185 MIDWAY BLVD.  
CITY-ST-ZIP PT. CHARLOTTE FL 33952

TITLE **VIC PRES** DVP ☐ DELETE

NAME HILL, MINNIE L MISSION  
STREET ADDRESS 4394 TULIP AVENUE  
CITY-ST-ZIP NOCATEE FL 34268

TITLE **DS** ☒ DELETE

NAME JAMES, BARBARA A  
STREET ADDRESS 20185 MIDWAY BLVD.  
CITY-ST-ZIP PT. CHARLOTTE FL 33952

TITLE **TREASURER** T ☐ DELETE

NAME DUNBAR, RICHARD  
STREET ADDRESS P.O. BOX 169 N/A  
CITY-ST-ZIP NOCATEE FL 34268

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Add

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James** 6/23/99 941-766-  
Date Daytime Phone #