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

APPROVED AND FILED

95 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **713134** **(5)**

1. Corporation Name

UNITY CHURCH OF SARASOTA, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
800 COCOANUT AVE. SARASOTA FL 34236	800 COCOANUT AVE. SARASOTA FL 34236

3. Date Incorporated or Qualified: **07/31/1967**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-0967818** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22 / 27:
City & State — 23 / 28:
Zip — 24 / 29: Country — 25 / 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. 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MYERS, JOHN H. 27 FLETCHER AVE., SARASOTA FL 34237	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.

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	11 TITLE	☒ Change ☐ Addition
NAME	HINRICHS, BETSY	12 NAME	
STREET ADDRESS	~~4535 SHADOWLEAF DR.~~	13 STREET ADDRESS	4231 Placida Ln.
CITY-ST-ZIP	~~SARASOTA FL 34233~~	14 CITY-ST-ZIP	Sarasota, FL 34238
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WALLACE, JAMES	22 NAME	
STREET ADDRESS	5528 BRIARCLIFF DR.	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000 FL 34232	24 CITY-ST-ZIP	
TITLE	M	31 TITLE	☐ Change ☐ Addition
NAME	GREEN, GAZEXER	32 NAME	
STREET ADDRESS	134 WILDPALM DR..	33 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	34 CITY-ST-ZIP	
TITLE	~~TD~~	41 TITLE	Treasurer ☐ Change ☒ Addition
NAME	~~MOORE, RICHARD~~	42 NAME	Mary K. Le Mieux
STREET ADDRESS	~~545 FREELING~~	43 STREET ADDRESS	5908 Lonsdale St.
CITY-ST-ZIP	~~SARASOTA FL 34242~~	44 CITY-ST-ZIP	Bradenton, FL 34203
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	WATTS, ANNA BETH	52 NAME	
STREET ADDRESS	3444 JAFFA DR.	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	54 CITY-ST-ZIP	
TITLE	M	61 TITLE	☐ Change ☐ Addition
NAME	JACKSON, DONALD	62 NAME	
STREET ADDRESS	800 COCONUT AVE	63 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	64 CITY-ST-ZIP	

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)(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.

813-955-3301

SIGNATURE: Betsy Hinrichs, President 4-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BETSY HINRICHS

0018426

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **716271** **(2)**

1. Corporation Name

SCHLARAFFIA FLORIDANA, INC.

Principal Place of Business	Mailing Address
~~C/O KURT GAUDLITZ~~ ~~9630 45TH WAY N.~~ ~~PINELLAS PK. FL 34666~~	~~C/O KURT GAUDLITZ~~ ~~9630 45TH WAY N.~~ ~~PINELLAS PK. FL 34666~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1969	3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7295072	☐ Applied For ☐ Not Applicable

27 2. Principal Place of Business: Hartmut Comberg	26 2a. Mailing Address: c/o Hartmut Comberg
22 Suite, Apt. #, etc: 620 - 5th St. N.	27 Suite, Apt. #, etc: 620 - 5th St. N.
23 City & State: St.Petersburg, FL	28 City & State: St.Petersburg, FL
24 Zip: 33701	29 Zip: 33701
25 Country	30 Country

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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHROEDER., GUENTHER E. 11711 CAMPHOR WAY SEMINOLE FL 34642	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.

SIGNATURE Guenther E. Schroeder Guenther E. Schroeder 4-26-95
Signature (typed or printed) of registered agent and the date of signature — NOTE: Registered agent's signature required — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCHROEDER, GUENTHER E.	12 NAME	
STREET ADDRESS	11711 CAMPHOR WAY	13 STREET ADDRESS	
CITY ST ZIP	SEMINOLE FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	FETH, PETER	22 NAME	
STREET ADDRESS	1995 EAST BAY DR	23 STREET ADDRESS	
CITY ST ZIP	LARGO FL	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	KOESTER, BERND	32 NAME	
STREET ADDRESS	1249 TYRONE BLVD.	33 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	~~GAUDLITZ, KURT~~	42 NAME	SD COMBERG, HARTMUT
STREET ADDRESS	~~9630 45TH WAY N.~~	43 STREET ADDRESS	620 - 5TH ST N
CITY ST ZIP	~~PINELLAS PARK FL~~	44 CITY ST ZIP	ST PETERSBURG FL 33701
TITLE	TD	51 TITLE	☒ Change ☐ Addition
NAME	~~RAPP, DOUGLAS~~	52 NAME	TD IMHOF, HANS A
STREET ADDRESS	~~9373 HARBOR PL~~	53 STREET ADDRESS	2504 GULF BLVD / #506
CITY ST ZIP	~~LARGO FL~~	54 CITY ST ZIP	INDIAN ROCKS BEACH FL 34635
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: HARTMUT COMBERG Hartmut Comberg 4-26-95 813 821-2192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087772