

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713134 (5)

1. Corporation Name

UNITY CHURCH OF SARASOTA, INCORPORATED



Principal Place of Business

Mailing Address

800 COCOANUT AVE.
SARASOTA FL 34236

800 COCOANUT AVE.
SARASOTA FL 34236

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/31/1967

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0967818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

MYERS, JOHN H.
27 FLETCHER AVE.,
SARASOTA FL 34237

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ DELETE
NAME	HINRICHS, BETSY	
STREET ADDRESS	4231 PLACIDIAL DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	☒ DELETE
NAME	WALLACE, JAMES	
STREET ADDRESS	5528 BRIARCLIFF DR.	
CITY-ST-ZIP	SARASOTA, FL 00000 FL 34232	
TITLE	M	☒ DELETE
NAME	GREEN, GAZEXER	
STREET ADDRESS	134 WILDPALM DR..	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	T	☒ DELETE
NAME	FLEMING, MARK	
STREET ADDRESS	5908 FERNDAL ST.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	☒ DELETE
NAME	WATTS, ANNA BETH	
STREET ADDRESS	3444 JAFFA DR.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	M	☐ DELETE
NAME	JACKSON, DONALD	
STREET ADDRESS	800 COCONUT AVE	
CITY-ST-ZIP	SARASOTA, FL 00000	

1.1 TITLE	P TR	☒ Change ☐ Addition
1.2 NAME	HINRICHS, BETSY	
1.3 STREET ADDRESS	4231 PLACIO DR	
1.4 CITY-ST-ZIP	SARASOTA FL 34238	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T TR	☒ Change ☐ Addition
4.2 NAME	FLEMING, MARK	
4.3 STREET ADDRESS	5908 FERNDAL ST	
4.4 CITY-ST-ZIP	BRADENTON, FL 34203	
5.1 TITLE	V TR	☒ Change ☐ Addition
5.2 NAME	WATTS, ANNABETH	
5.3 STREET ADDRESS	3444 JAFFA DR	
5.4 CITY-ST-ZIP	SARASOTA, FL 34239	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: *Mark Fleming* MARK J FLEMING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/96

941-359-2151

Daytime Phone #

CR2E037 (3/96)