FILE NOW: FILING FEE IS $61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90058 035 ****61.25

0065428

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 713134

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/31/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0967818 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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 Donald L Jackson REVERAND 1/26/99
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	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRILL, PAT		1.2 NAME		
STREET ADDRESS	2724 GOLF COURSE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34234		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	ATD	☐ Change ☒ Addition
NAME	COOK, BOB		2.2 NAME	JAMES BARNARD	
STREET ADDRESS	70 ARBOR OAKS DRIVE		2.3 STREET ADDRESS	2222 HARBOR COURT	
CITY-ST-ZIP	SARASOTA FL 34232		2.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	SMITH, SUSAN		3.2 NAME	MARILYN SANKO	
STREET ADDRESS	5323 CORK OAK ST		3.3 STREET ADDRESS	4698 DEL SOL BLVD	
CITY-ST-ZIP	SARASOTA FL 34232		3.4. CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FLEMING, MARK		4. 2 NAME		
STREET ADDRESS	5908 FERNDELLL ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, DONALD		5.2 NAME		
STREET ADDRESS	800 COCONUT AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #