

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **735837** (7)

1. Corporation Name

UNITY CHURCH OF CHRISTIANITY, INC.



Principal Place of Business

Mailing Address

5162 POPE ROAD
ORLANDO FL 32810

5162 POPE ROAD
ORLANDO FL 32810

3. Date Incorporated or Qualified

05/17/1976

3a. Date of Last Report

03/23/1995

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

4. FEI Number

59-2141375

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

9. Name and Address of Current Registered Agent

**YOUNGERS, DEE A
468 WEXDON COURT
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name **DEE ANN YOUNGERS**
82 Street Address (P.O. Box Number is Not Acceptable) **297 LAKESHORE DRIVE**
83 **LAKE MARY**
84 City
85 Zip Code **FL 32746**

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

Dee Ann Youngers

(DEE ANN YOUNGERS)

3-3-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	YOUNGERS, DEE A	
STREET ADDRESS	468 WEXDON CT	
CITY - ST - ZIP	LAKE MARY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, SUSAN	
STREET ADDRESS	420 SWEET BAY DRIVE	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KYGER, DELBERT L	
STREET ADDRESS	1408 E CHURCH STREET	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JANSMAN, ELIZABETH	
STREET ADDRESS	3205 AUTUMNWOOD	
CITY - ST - ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HACKWORTH, JAMES C	
STREET ADDRESS	8037 WINDY HILL WAY	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUFF, BRAD	
STREET ADDRESS	1164 VILLA LANE	
CITY - ST - ZIP	APOPKA FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	297 LAKESHORE DRIVE	
1.4 CITY - ST - ZIP		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARC MARTIN	
2.3 STREET ADDRESS	930 CLEVELAND STREET EAST	
2.4 CITY - ST - ZIP	APOPKA FL 32703	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINDA SEAY	
3.3 STREET ADDRESS	6941 CRESCENT RIDGE ROAD	
3.4 CITY - ST - ZIP	ORLANDO FL 32810	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHADOW HILL	
5.3 STREET ADDRESS	6031 AUGUSTA NATIONAL DR #212	
5.4 CITY - ST - ZIP	ORLANDO FL 32822	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jeffrey D. Jessler

3-3-96

6458142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)