## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 735837**

FILED Apr 24, 2008 Secretary of State

Entity Name: UNITY CHURCH OF CHRISTIANITY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4801 CLARCONA OCCEE RD. ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** 4801 CLARCONA OCCEE RD. ORLANDO, FL 32810 FEI Number: 59-2141375 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUIROS, NEAL 1335 LONGHILL DR APOPKA, FL 32712 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete HENNINGS, RITA BRANCHE, SUSAN Name: Name: 6079 TARAWOOD DR Address: 1119 SHERRINGTON RD Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32804 Title: Title: (X) Change ( ) Addition ( ) Delete CRANDON, SUE Name: Name: NGYING, JUDY Address: 441 RIDGE DR Address: 1992 CANAL RD City-St-Zip: SANFORD, FL 32773 City-St-Zip: DELTONA, FL 32738 Title: () Delete Title: () Change () Addition QUIROS, NEAL Name: Name: 1335 LONGHILL DR Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition Name: RAMEY, MARK Name: 8801 BAY VILLA CT Address: Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WILLIAMS, LORRAINE PAVLOVICH, RUTH Name: Name: 2114 KILAMANTARO CT 201 MONROE AVE #9A Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NEAL QUIROS P 04/24/2008

HARRISON, NAOMI

ORLANDO, FL 32818

7208 HIAWASSEE OAK DR

Name:

Address:

City-St-Zip: