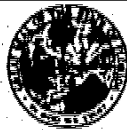


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 764782 (9)

1. Corporation Name

UNITY CHURCH OF MARTIN COUNTY, INC.

**APPROVED
AND
FILED**

95 MAR -8 PM 3:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**654 S.E. MONTEREY ROAD
STUART FL 34994**

Mailing Address

**654 S.E. MONTEREY ROAD
STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1982

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2781912

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$0.75 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CROOKS, DONALD R
654 SE MONTEREY RD.
STUART FL 34994**

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 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

Robert M. M...
Signature, typed or printed name of registered agent and fee 4 applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

3-3-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWNELL, KATHERINE
STREET ADDRESS	5555 SE ORANGE ST.
CITY-ST-ZIP	STUART FL
TITLE	VPD
NAME	MOORMAN, ROBERTA
STREET ADDRESS	132 S. RIVER RD.
CITY-ST-ZIP	STUART FL
TITLE	M
NAME	CROOKS, DONALD
STREET ADDRESS	654 SE MONTEREY RD.
CITY-ST-ZIP	STUART FL
TITLE	TD
NAME	WILLIS, TERRY
STREET ADDRESS	6981 S.E. CONSTITUTION BLVD.
CITY-ST-ZIP	HOBE SOUND FL
TITLE	SD
NAME	CIPRA, BETTY LOU
STREET ADDRESS	531 LAKE CLARE PLACE
CITY-ST-ZIP	STUART FL
TITLE	PD
NAME	MAGENHEIMER, JOANNE
STREET ADDRESS	1525 NW PINELAKE DR
CITY-ST-ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	BIDINGER, JULIA	
1.3 STREET ADDRESS	2440 SE Ocean Blvd.	
1.4 CITY-ST-ZIP	Stuart, FL 34996	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	ARBEENY, HENRY	
2.3 STREET ADDRESS	5443 SE Miles Grant Rd.	
2.4 CITY-ST-ZIP	Stuart, FL 34997	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	DUNICAN, HELEN	
3.3 STREET ADDRESS	950 Colorado Ave.	
3.4 CITY-ST-ZIP	Stuart, FL 34994	
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	VAN DALEN, JOHN	
4.3 STREET ADDRESS	518 W. 3rd St.	
4.4 CITY-ST-ZIP	Stuart, FL 34994	
5.1 TITLE	SD	☒ Change ☐ Addition
5.2 NAME	WILLIS, TERRY	
5.3 STREET ADDRESS	6981 SE Constitution Blvd.	
5.4 CITY-ST-ZIP	Hobe Sound, FL	
6.1 TITLE	PD	☒ Change ☐ Addition
6.2 NAME	MOORMAN, ROBERTA	
6.3 STREET ADDRESS	132 S. River Rd.	
6.4 CITY-ST-ZIP	Stuart, FL	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert M. M...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-95

Date

Daytime Phone #

286-3878