FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -8 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764782 (9)

1. Corporation Name
UNITY CHURCH OF MARTIN COUNTY, INC.

Principal Place of Business	Mailing Address
654 S.E. MONTEREY ROAD STUART FL 34994	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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 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

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: Roberta Moorman 3-3-95
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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BROWNELL, KATHERINE	1.2 NAME	BIDINGER, JULIA	
STREET ADDRESS	5555 SE ORANGE ST.	1.3 STREET ADDRESS	2440 SE Ocean Blvd.	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Stuart, FL 34996	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MOORMAN, ROBERTA	2.2 NAME	ARBEENY, HENRY	
STREET ADDRESS	132 S. RIVER RD.	2.3 STREET ADDRESS	5443 SE Miles Grant Rd.	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE	M	3.1 TITLE	D	☒ Change ☐ Addition
NAME	CROOKS, DONALD	3.2 NAME	DUNICAN, HELEN	
STREET ADDRESS	654 SE MONTEREY RD.	3.3 STREET ADDRESS	950 Colorado Ave.	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	WILLIS, TERRY	4.2 NAME	VAN DALEN, JOHN	
STREET ADDRESS	6981 S.E. CONSTITION BLVD.	4.3 STREET ADDRESS	518 W. 3rd St.	
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	SD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	CIPRA, BETTY LOU	5.2 NAME	WILLIS, TERRY	
STREET ADDRESS	531 LAKE CLARE PLACE	5.3 STREET ADDRESS	6981 SE Constition Blvd.	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Hobe Sound, FL	
TITLE	PD	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	MAGENHEIMER, JOANNE	6.2 NAME	MOORMAN, ROBERTA	
STREET ADDRESS	1525 NW PINELAKE DR	6.3 STREET ADDRESS	132 S.River Rd.	
CITY-ST-ZIP	STUART FL	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 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.

SIGNATURE: Roberta Moorman 3-3-95 286-3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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