

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764782 (9)

1. Corporation Name

UNITY CHURCH OF MARTIN COUNTY, INC.



Principal Place of Business	Mailing Address
213 SE MONTEREY ROAD STUART FL 34994 US	213 MONTEREY ROAD STUART FL 34994 US

3. Date Incorporated or Qualified 09/01/1982	3a. Date of Last Report 03/29/1996
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21. Principal Place of Business 213 SW MONTEREY RD	2a. Mailing Address 213 SW MONTEREY RD
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State STUART FL 34994	28. City & State STUART FL 34994
24. Zip Country	29. Zip Country

4. FEI Number 59-2781912	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

~~VAN DALEN, JOHN A.~~
~~2381 SE FEDERAL HWY #8~~
~~STUART FL 34994~~

JOHN MERKEL PRES
 3251 A BONITA ST
 STUART FL 34997

10. Name and Address of New Registered Agent

81. Name
REV AMANDA G HOWARD

82. Street Address (P.O. Box Number is Not Acceptable)
213 SW MONTEREY RD

83.

84. City
STUART

85. Zip Code
FL 34994

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 *[Signature]* DATE 3-20-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PREB.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERKEL, JOHN		1.2 NAME	MERKEL, JOHN	
STREET ADDRESS	18977 INDIAN RIVER DRIVE #30		1.3 STREET ADDRESS	3251 A BONITA ST	
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP	STUART FL 34997	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Addition
NAME	WILKEN, BRUCE		2.2 NAME	JOANNE MABENHEIMER	
STREET ADDRESS	1901 SE ANCORA COURT		2.3 STREET ADDRESS	1525 NW PINE LAKE DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SGC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNICAN, HELEN		3.2 NAME	JACKIE WHITE	
STREET ADDRESS	950 COLORADO AVENUE		3.3 STREET ADDRESS	3550 SW ST. LUCIE SHORES DR	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNICAN, HELEN		4.2 NAME	ALI BLAYLOCK	
STREET ADDRESS	950 COLORADO AVENUE C23		4.3 STREET ADDRESS	5699 SE MITZI LANE	
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOONE, NICOLA		5.2 NAME	EARL SPLITTER	
STREET ADDRESS	4806 SE BINNACLE WAY #1		5.3 STREET ADDRESS	7053 SE BUNICKER HILL DR	
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHER, FRED		6.2 NAME	AMANDA G HOWARD	
STREET ADDRESS	2842 SE IBIS AVENUE		6.3 STREET ADDRESS	284 NE ELM TERRACE	
CITY-ST-ZIP	PORT ST. LUCIE FL		6.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	

14. I do 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.

SIGNATURE *[Signature]* DATE 3-20-97

CR2E037 (9/96)