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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **764782** **(9)**

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

Principal Place of Business	Mailing Address
213 SW MONTERY RD STUART FL 34994 US	213 SW MONTEREY RD STUART FL 34994 US

3. Date Incorporated or Qualified: 09/01/1982

4. FEI Number: 59-2781912 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOWARD, AMANDA G 213 SW MONTEREY RD STUART FL 34994	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 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 Amanda Howard Minister 2-2-98
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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MERKEL, JOHN		1.2 NAME	President
STREET ADDRESS	3251A BONITA ST		1.3 STREET ADDRESS	John Merkel
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAGENHEIMER, JOANNE		2.2 NAME	
STREET ADDRESS	1525 NW PINE LAKE DR		2.3 STREET ADDRESS	Joanne Magenheimer
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, JACKIE		3.2 NAME	
STREET ADDRESS	3550 SW ST LUCIE SHORES DR		3.3 STREET ADDRESS	Jackie White
CITY-ST-ZIP	PALM CITY FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BLAYLOCK, ALI		4.2 NAME	
STREET ADDRESS	5699 SE MITZI LANE		4.3 STREET ADDRESS	Ali A. Blaylock
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SPLITTER, EARL		5.2 NAME	
STREET ADDRESS	7053 SE BUNKER HILL DR		5.3 STREET ADDRESS	Earl Splitter
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, AMANDA G		6.2 NAME	
STREET ADDRESS	284 NE ELM TERRACE		6.3 STREET ADDRESS	Amanda Howard
CITY-ST-ZIP	JENSEN BCH FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I 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: Amanda Howard Minister 2-2-98 561-286-3878
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #