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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90036 040 \*\*\*\*61.25

0075394

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 764782**

1. Corporation Name

**UNITY CHURCH OF MARTIN COUNTY, INC.**

Principal Place of Business

213 SW MONTEREY RD  
 STUART FL 34994  
 US

Mailing Address

213 SW MONTEREY RD  
 STUART FL 34994  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

**09/01/1982**

4. FEI Number

**59-2781912**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**HOWARD, AMANDA G**  
**213 SW 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 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 G Howard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
 NAME **MERKEL, JOHN**  
 STREET ADDRESS **3251A BONITA ST**  
 CITY-ST-ZIP **STUART FL**

TITLE **VP** ☐ DELETE  
 NAME **MAGENHEIMER, JOANNE**  
 STREET ADDRESS **1525 NW PINE LAKE DR**  
 CITY-ST-ZIP **STUART FL**

TITLE **S** ☐ DELETE  
 NAME **WHITE, JACKIE**  
 STREET ADDRESS **3550 SW ST LUCIE SHORES DR**  
 CITY-ST-ZIP **PALM CITY FL**

TITLE **T** ☐ DELETE  
 NAME **BLAYLOCK, ALI**  
 STREET ADDRESS **5699 SE MITZI LANE**  
 CITY-ST-ZIP **STUART FL**

TITLE **D** ☐ DELETE  
 NAME **SPLITTER, EARL**  
 STREET ADDRESS **7053 SE BUNKER HILL DR**  
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE **D** ☐ DELETE  
 NAME **HOWARD, AMANDA G**  
 STREET ADDRESS **284 NE ELM TERRACE**  
 CITY-ST-ZIP **JENSEN BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition  
 1.2 NAME **DOWD, BROWN**  
 1.3 STREET ADDRESS **5465 SE FOREST BLADE TAIL**  
 1.4 CITY-ST-ZIP **HOBE SOUND, FL 33455**

2.1 TITLE **V.P. ALI** ☒ Change ☐ Addition  
 2.2 NAME **BLAYLOCK**  
 2.3 STREET ADDRESS **5699 SE MITZI LANE**  
 2.4 CITY-ST-ZIP **STUART, FL 34997**

3.1 TITLE **3 HARBOR DR** ☒ Change ☐ Addition  
 3.2 NAME **MICANOPY TERRACE**  
 3.3 STREET ADDRESS **3581 SE**  
 3.4 CITY-ST-ZIP **STUART, FL 34997**

4.1 TITLE **TEARI Splitter** ☒ Change ☐ Addition  
 4.2 NAME **7053 SE BUNKER HILL DR.**  
 4.3 STREET ADDRESS **HOBE SOUND, FL 33455**  
 4.4 CITY-ST-ZIP **HOBE SOUND, FL 33455**

5.1 TITLE **D** ☒ Change ☐ Addition  
 5.2 NAME **JOANNE MAGENHEIMER**  
 5.3 STREET ADDRESS **1525 NW PINE LAKE DR.**  
 5.4 CITY-ST-ZIP **STUART, FL 34994**

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Earl Splitter* SIGNATURE REQUIRED

2/19/99 561/296-3878

CR2E037 (11/98)