

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90049 005 ****61.25

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DOCUMENT # 764782

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2781912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD, AMANDA G
213 SW MONTEREY RD
STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Amanda G Howard, Minister

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROWELL, DONALD VP 11645 SW MEADOWLARK CIRCLE STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULL, HAROLD <i>deceased</i> 4735 SE DOGWOOD TERRACE STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOGAN, BARBARA P O BOX 73 PALM CITY FL 34991	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUCKER, NELSON D 630 NE ALICE ST JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, AMANDA G 284 NE ELM TERRACE JENSEN BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNELL, KATHY 5555 SE ORANGE ST STUART FL 34997	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathy Browne II <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary 5555 SE Orange St. STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bob Scott, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER 540 SE Carnival Ave Port St. Lucie, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID BROWN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President 4240 SE Love Lake Circle #102 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TUCKER Nelson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director 438 NE Alice St. JENSEN Beach, FL 34957

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amanda G Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)