2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# 764782

Entity Name: UNITY CHURCH OF MARTIN COUNTY, INC.

Current Principal Place of Business:

211 S.E. CENTRAL PARKWAY
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

211 S.E. CENTRAL PARKWAY
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-2781912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD, AMANDA G
211 SE CENTRAL PARKWAY
STUART, FL 34994 US

Name and Address of New Registered Agent:

HOWARD, AMANDA G REV.
211 SE CENTRAL PARKWAY
STUART, FL 34994 US

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: REV. AMANDA G. HOWARD 02/08/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GORE, ARTHUR
Address: 435 SW ST LUCIE BLVD
City-St-Zip: STUART, FL 34997

Title: VP ( ) Delete
Name: POWERS, STEPHANIE
Address: 2222 SW MAYFLOWER DR
City-St-Zip: PALM CITY, FL 34994

Title: T ( ) Delete
Name: BRYAN, JOSEPH
Address: 3003 SE LUCIE BLVD.
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete
Name: MERRITT, PEGGY
Address: 719 SE SEAHAWK ST.
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete
Name: HOWARD, AMANDA G
Address: 284 NE ELM TERRACE
City-St-Zip: JENSEN BCH, FL 34957

Title: D ( ) Delete
Name: LEE, CANDYCE
Address: 420 W 7TH ST.
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: POWERS, STEPHANIE
Address: 2225 SW GULL HARBOR LANE
City-St-Zip: PALM CITY, FL 34990

Title: T (X) Change ( ) Addition
Name: SHEPHERD, DAVID
Address: 1837 S. FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34994

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA G. HOWARD D 02/08/2006
Electronic Signature of Signing Officer or Director Date