FILED

Change

Addition

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2003 8:00 am Secretary of State **DOCUMENT # 764782** 1. Entity Name 02-28-2003 90117 024 \*\*\*\*61.25 UNITY CHURCH OF MARTIN COUNTY, INC. Principal Place of Business Mailing Address 213 SW MONTERY RD 213 SW MONTEREY RD 90037977 STUART FL 34994 STUART FL 34994 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2781912 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWARD, AMANDA G Street Address (P.O. Box Number is Not Acceptable) 213 SW MONTEREY RD STUART FL 34994 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be ĵ Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. esidenz TITIES Delete TITLE Change Addition ROWELL, DONALD VP NAME UNIA, NAME Cave LAKE Circle # 102 STREET ADDRESS 11645 SW MEADOWLARK CIRCLE STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE OPNZ Change **BROWNELL, KATHY** NAME NAME 5555 SE ORANGE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP TITLE Delete TITLE REASULER Change ☐ Addition SCOTT, BOB NAME NAME SAME) STREET ADDRESS 846 SE CARNIVAL AVE STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 34982 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME GIUNTA, DAVID NAME STREET ADDRESS 4260 SE COVE LAKE CIR # 102 STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-7IP TITLE ☐ Delete HOWARD, AMANDA G NAME NAME T 284 NE ELM TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BCH FL CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

**NELSON, TUCKER** 

438 NE ALICE ST

JENSEN BEACH FL 34957

Delete