

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000583

**FILED**  
**Mar 10, 2016**  
**Secretary of State**  
**CC3715035650**

**Entity Name:** UNITY CHURCH OF PEACE, INC.

**Current Principal Place of Business:**

1250 RUTLEDGE STREET  
NORTH PORT, FL 34288-3108

**Current Mailing Address:**

1250 RUTLEDGE STREET  
NORTH PORT, FL 34288-3108 US

**FEI Number:** 59-2184154

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOFLIN, DONNA REV  
1654 AMNESTY DRIVE  
NORTH PORT, FL 34288 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:** REVEREND DONNA LOFLIN

03/10/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            USELMANN, ALICIA  
Address        3300 LOVELAND BLVD, UNIT 2904  
City-State-Zip: PORT CHARLOTTE FL 33980

Title            VP  
Name            RIGGS, RIMA  
Address        337 LAMBERT ST  
City-State-Zip: PORT CHARLOTTE FL 33948

Title            SECRETARY  
Name            KING, STEPHANIE  
Address        171 EASTON DR, NW  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            TREASURER  
Name            PETERS, RENEE  
Address        18633 KLINGLER CIRCLE  
City-State-Zip: PORT CHARLOTTE FL 33948

Title            TRUSTEE  
Name            EMMELKAMP, VICTOR  
Address        1181 MANOR ROAD  
City-State-Zip: ENGLEWOOD FL 34223

Title            TRUSTEE  
Name            OBEROI, CARMEN  
Address        4368 HARBOR BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            OTHER  
Name            WHITE, PAT  
Address        26300 ASUNCION DRIVE  
City-State-Zip: PUNTA GORDA FL 33983

*I hereby 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 all other like empowered.*

**SIGNATURE:** RENEE PETERS

**TREASURER**

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date