

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701206** (5)

1. Corporation Name

UNITY IN THE PINES, INC.



Principal Place of Business REV. STEVE WILLINGHAM 6073 SUMMIT BLVD. W PALM BCH. FL 33415-3544 US		Mailing Address REV. STEVE WILLINGHAM 6073 SUMMIT BLVD. W PALM BCH. FL 33415-3544 US		3. Date Incorporated or Qualified 07/18/1960	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-0932859 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLINGHAM, STEVE REV. 6073 BELVEDERE ROAD WEST PALM BEACH FL 33415				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			
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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 *Reverend Steve Willingham* DATE *Feb 12, 1998*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PFEIFFER, RANDY		1.2 NAME				
STREET ADDRESS	6073 SUMMIT BLVD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH. FL 33415-3544		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BARNETT, JINI		2.2 NAME	JACK GARDNER			
STREET ADDRESS	5883 LA PASEOSO		2.3 STREET ADDRESS	245 POE DR			
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	PALM SPRING FL, 33461			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LINK, ADELE		3.2 NAME	JEAN STONE			
STREET ADDRESS	386 NATHAN HIALS DR		3.3 STREET ADDRESS	13048-41ST LANE. N.			
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HUNSINGER, LOUISE		4.2 NAME				
STREET ADDRESS	1530 N. M ST.		4.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KING, JAMES		5.2 NAME	S.V.D. LESLIE Pfeiffer			
STREET ADDRESS	645 OCEAN INLET DRIVE		5.3 STREET ADDRESS	1281- mystic Way			
CITY-ST-ZIP	BOYNTON BEACH FL		5.4 CITY-ST-ZIP	WELLINGTON FL 33414			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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.

SIGNATURE: *Reverend Steve Willingham* *Reverend Steve Willingham* 561-478-5454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042236

CR2E037 (10/97)