2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702068

FILED Apr 23, 2008 Secretary of State

Entity Name: UNITY CHURCH OF CHRISTIANITY OF PENSACOLA, FLORIDA, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 716 NORTH 9TH AVE. PENSACOLA, FL 32501 US **Current Mailing Address: New Mailing Address:** 716 NORTH 9TH AVE PENSACOLA, FL 32501 US FEI Number: 59-6178289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOCKLEAR, JOANN 1704 SOUTH MORENO STREET PENSACOLA, FL 32503 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LOCKLEAR, JOANN Name: Name: 1704 SOUTH MORENO STREET Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: Title: () Delete (X) Change () Addition BOSSA, PATTY Name: BOSSA, PATTY Name: Address: 6218 VICKSBURG DRIVE Address: 6218 VICKSBURG DRIVE City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32503 Title: () Delete Title: (X) Change () Addition SHUGART, KENNETH BLACK, BONNIE Name: Name: 6628 LAKE CHARLENE DRIVE 5098 PONITZ PKWY Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: PACE, FL 32571 Title: () Delete Title: (X) Change () Addition Name: MALINOWSKI, BERNICE Name: MALINOWSKI, BERNICE 9775 NOREIGA DRIVE Address: Address: 9775 NOREIGA DRIVE City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 32514 Title: () Delete Title: (X) Change () Addition MEYER, FRANCES MEYER, FRANCES Name: Name: 2 FATON RD Address: Address: 2 FATON RD City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: PENSACOLA, FL 32506 Title: () Delete Title: () Change () Addition BRYAN, MARIAN Name: Name: Address: 1823 WHALEY AVE Address: PENSACOLA, FL 32503 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOANN LOCKLEAR P 04/23/2008