FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STE. 204

FT LAUDERDALE FL 33301

712244

(3)

UNITY CHURCH OF CHRIST OF FORT LAUDERDALE, INC.

Principal Place of Business Mailing Address 1800 NORTHEAST 6 COURT 1800 NORTHEAST 6 COURT 3. Date Incorporated or Qualified FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 02/14/1967 4. FEI Number Applied For 59-1011393 Not Applicable 2. Principal Place of Business 2s. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Zlp Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PATRICK MAJOR PRESIDENT 82 Street Address (P.O. Box Number is Not Acceptable) 1722 W LAS OLAS BLVD

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.

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City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE TR ANN POOLE **BANCROFT MAHONEY** NAME 1.2 NAME 2485 EAST SUNRISE BLVD. 1300 ST CHARLES PL B 307 STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL FORT LAUDERDALE, FLORIDA 1.4 CITY-ST-ZIP <u>33304</u> CITY-ST-ZIP □ DELETE Change Addition TITLE 2.1 TITLE JIM MCCLEARY NAME 2.2 NAME 6140 SW 14TH ST STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIF 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **RON MURRAY** 3.2 NAME 654 39TH AVE STREET ADDRESS 3.3 STREET ADDRESS DEERFIELD BCH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE PATRICK MAJOR NAME 4. 2 NAME 1722 W LAS OLAS BLVD STREET ADDRESS 4.3 STREET ADORESS FT. LAUDERDALE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE DR DAVELE BURSOR NAME 5.2 NAME STREET ADDRESS 1616 SW 14TH ST 5.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 5.4 CITY - ST - ZIP X DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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.

MATURE.

Inlan

(Oa) 614-1517

FILED

Feb 05 1998 8:00am

Secretary of State

Zip Code