

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90143 005 \*\*\*\*61.25

**DOCUMENT # 712244**

1. Entity Name

**UNITY CHURCH OF CHRIST OF FORT LAUDERDALE, INC.**

Principal Place of Business

Mailing Address

1800  
 1800 NORTHEAST 6 COURT  
 FORT LAUDERDALE FL 33304

1800 NORTHEAST 6 COURT  
 FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1011393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRINNON, ANNA L**  
**7950 W MCNAB RD**  
**BLDG 10 312**  
**FORT LAUDERDALE FL 33321**

Name

**Gary D. Kallmayer**

Street Address (P.O. Box Number is Not Acceptable)

**724 N.W. 22nd Street**

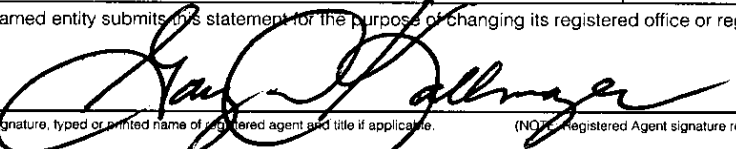
City

**Wilton Manors**

**FL**

Zip Code  
**33311**

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.

SIGNATURE  4/11/02

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **BRINNON, ANNA L**  
 CITY-ST-ZIP **7950 W MCNAB RD 312**  
**FORT LAUDERDALE FL 33321**

TITLE ☒ Change ☐ Addition  
 NAME **Treasurer/Director**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **LEHMAN, GAIL**  
 CITY-ST-ZIP **4990 SABAL PALM BLVD**  
**TAMARAC FL 33319**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4990 Sabal Palm Blvd. E.**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **PLETCH, CYNDI**  
 CITY-ST-ZIP **7731 NW 20TH CT**  
**FORT LAUDERDALE FL 33322**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **TD**  
 STREET ADDRESS **MICHAELS, DAWN**  
 CITY-ST-ZIP **2121 CHAMPIONS WAY**  
**NORTH LAUDERDALE FL**

TITLE ☐ Change ☒ Addition  
 NAME **Director**  
 STREET ADDRESS **Halden Booth**  
 CITY-ST-ZIP **4140 N. Ocean Drive, #302E**  
**Lauderdale By The Sea, FL 33308**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **IGOE, REGINA**  
 CITY-ST-ZIP **459 NE 17TH WAY**  
**FORT LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition  
 NAME **Vice President/Director**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **KALLMAYER, GRAY D**  
 CITY-ST-ZIP **724 NW 2ND ST**  
**FORT LAUDERDALE FL 33311**

TITLE ☒ Change ☐ Addition  
 NAME **President/Director**  
 STREET ADDRESS **724 NW 22nd Street**  
 CITY-ST-ZIP **Wilton Manors, FL 33311**

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 which I am duly empowered.

SIGNATURE:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

(561) 392-9922

Date

Daytime Phone #

CR2E037 (9/01)