


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90243 004 \*\*\*\*61.25

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # 712244</b>  |         |  |         |
| 1. Entity Name<br><b>UNITY CHURCH OF CHRIST OF FORT LAUDERDALE, INC.</b>                  |         |   |         |
| Principal Place of Business<br><b>1800 NORTHEAST 6 COURT<br/>FORT LAUDERDALE FL 33304</b> |         | Mailing Address<br><b>1800 NORTHEAST 6 COURT<br/>FORT LAUDERDALE FL 33304</b>     |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |

94074601



MOORE CR2E037 (11/03)

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent                                       |  |
| <del>EALLMAYER, GARY D</del><br><del>724 N.W. 22ND ST.</del><br><del>WILTON MANORS FL 33311</del><br><b>JIM McKEEN</b><br><b>3000 E Sunrise Blvd.</b><br><b>PH-F</b><br><b>Ft Land. FL 33304</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |

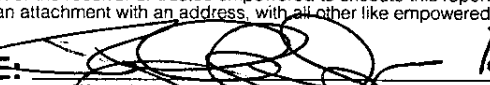
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|----------------------------|---|---|--|
| TITLE <b>PRES</b>          | <b>S</b> <input type="checkbox"/> Delete<br><b>MCKEEN, JIM</b><br><b>3000 E. SUNRISE BLVD., PH-F</b><br><b>FORT LAUDERDALE FL 33304</b>             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> Delete<br><b>COTTON, WILEY</b><br><b>3850 GALT OCEAN DR., #1701</b><br><b>FORT LAUDERDALE FL 33308</b> | TITLE <b>TREAS</b>                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete<br><b>BROWN, JOHN</b><br><b>1221 SW 17 ST.</b><br><b>FORT LAUDERDALE FL 33315</b>                          | TITLE <b>Secretary</b>                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete<br><b>BOOTH, HALDEN</b><br><b>4140 N. OCEAN DR., #302E</b><br><b>LAUDERDALE BY THE SEA FL 33308</b>        | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |  |
| TITLE                      | <b>VPO</b> <input type="checkbox"/> Delete<br><b>IGOE, REGINA</b><br><b>459 NE 17TH WAY</b><br><b>FORT LAUDERDALE FL 33301</b>                      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |  |
| TITLE                      | <b>PD</b> <input checked="" type="checkbox"/> Delete<br><b>KALLMAYER, GRAY D</b><br><b>724 NW 22ND ST.</b><br><b>WITLON MENORS FL 33311</b>         | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY - ST - ZIP            |   | CITY - ST - ZIP                                       |  |

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 all other like empowered.

SIGNATURE:  **Regina Igoe, VP.** 4-26-04 954 463-9359  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #