

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90284 036 ****61.25

DOCUMENT # 713808

1. Entity Name
UNITY CHURCH OF MELBOURNE, INC.



Principal Place of Business
**1745 TRIMBLE RD.
MELBOURNE, FL 32934**

Mailing Address
**1745 TRIMBLE RD.
MELBOURNE, FL 32934**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7017818

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HEAD, BETH D REV.
1715 PGA BLVD
MELBOURNE, FL 32935**

Name

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

City

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **REISER, LLOYD**
STREET ADDRESS **241 SEVENTH ST.**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **President** ☐ Change ☒ Addition
NAME **Loretta Medina**
STREET ADDRESS **1022 Hidden Harbour Dr # D-1**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **VP1** ☐ Delete
NAME **ROSCHKE, MARGARET**
STREET ADDRESS **1638 PGA BLVD.**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Robert New**
STREET ADDRESS **2500 Palm Lake Dr**
CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE **VP2** ☒ Delete
NAME **COOPER, PATRICIA**
STREET ADDRESS **924 CORMORANT CT.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **Member Trustee -** ☐ Change ☒ Addition
NAME **Ann Bolton**
STREET ADDRESS **520 Sherwood**
CITY-ST-ZIP **Satellite Bch, FL 32937**

TITLE **T** ☒ Delete
NAME **IODICE, DAVID**
STREET ADDRESS **3671 WHISPERWOOD CIR.**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **Member Trustee -** ☐ Change ☒ Addition
NAME **Curt Williamson**
STREET ADDRESS **3670 Dixie Hwy NE #18**
CITY-ST-ZIP **Palm Bay, FL 32905**

TITLE **S** ☐ Delete
NAME **PICKETT, LYNN**
STREET ADDRESS **1678 SILVERADO DR.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Beth D. Head**
STREET ADDRESS **2597 Bernice Ct.**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **VT** ☒ Delete
NAME **COX, DEBORAH**
STREET ADDRESS **3400 FORT NELSON LANE**
CITY-ST-ZIP **MELBOURNE, FL 32934**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Denise Janeecke Denise Janeecke 2/23/5 321-254-0313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #