


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90134 011 ****61.25

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|--|--|---|--|---|--|
| 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 Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 23-7017818 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HEAD, BETH D REV. 4715 PGA BLVD MELBOURNE, FL 32935 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | P MEDINA, LORETTA 1022 HIDDEN HARBOUR DR #D-1 MELBOURNE, FL 32935 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT BOLTON, ANN 520 SHERWOOD SATELLITE BEACH, FL 32937 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP1 ROSCHKE, MARGARET 1638 PGA BLVD. MELBOURNE, FL 32935 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER John Wolf 1745 TRIMBLE RD MELBOURNE FL 32934 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T NEW, ROBERT 2500 PALM LAKE DR. MERRITT ISLAND, FL 32952 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT BETH D. HEAD 2597 BERNICE CT MELBOURNE, FL 32935 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR BOLTON, ANN 520 SHERWOOD SATELLITE BEACH, FL 32937 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT LORETTA MEDINA 1745 TRIMBLE RD MELBOURNE FL 32934 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PICKETT, LYNN 1678 SILVERADO DR. ROCKLEDGE, FL 32955 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUSTEE ROSCHKE, MARGARET 1638 PGA BLVD MELBOURNE FL 32935 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR WILLIAMSON, CURT 3670 DIXIE HWY NE #18 PALM BAY, FL 32905 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Beth D. Head</u> BETH D HEAD | | | Date: <u>3/22/06</u> | | Daytime Phone #: <u>321 254-0313</u> |

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