

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713808

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** UNITY CHURCH OF MELBOURNE, INC.

**Current Principal Place of Business:**

1745 TRIMBLE RD.  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

1745 TRIMBLE RD.  
MELBOURNE, FL 32934

**New Mailing Address:**

**FEI Number:** 23-7017818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HEAD, BETH D REV.  
2597 BERNICE CT  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRANNEN, J. PHYLLIS  
Address: 146 SAN JUAN CIRCLE  
City-St-Zip: MELBOURNE, FL 32935

Title: VP  
Name: SIMPSON, JUDY  
Address: 2551 QUEBECK AVE  
City-St-Zip: MELBOURNE, FL 32935

Title: VP  
Name: HEAD, BETH D  
Address: 2597 BERNICE CT  
City-St-Zip: MELBOURNE, FL 32935

Title: T  
Name: HALL, TIM  
Address: 982 WACO BLVD SE  
City-St-Zip: PALM BAY, FL 32909

Title: S  
Name: CAPERS, DAN 'CARLEY'  
Address: 467 WILLOW TREE DR  
City-St-Zip: MELBOURNE, FL 32940

Title: TR  
Name: DAVIS, DARYL  
Address: 3384 LAKE VIEW CIRCLE  
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BETH D HEAD

VP

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date