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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735837 (7)
1. Corporation Name
UNITY CHURCH OF CHRISTIANITY, INC.



Principal Place of Business 5162 POPE ROAD ORLANDO FL 32810	Mailing Address 5162 POPE ROAD ORLANDO FL 32810
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/17/1976
4. FEI Number 59-2141375
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MARTIN, MARC J 930 CLEVELAND ST E APOPKA FL 32703
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10. Name and Address of New Registered Agent 81 Name HILL, SHADOW 82 Street Address (P.O. Box Number is Not Acceptable) 4024 LAKE UNDERHILL RD #S 83 ORLANDO 84 City FL 85 Zip Code 32803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, by both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>Shadow B. Hill</i> SHADOW B. HILL President Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3/22/98
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12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
S CANOURA, SUSAN 1 W ROSEVEAR ST ORLANDO FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
P MARTIN, MARC J 930 CLEVELAND STREET EAST APOPKA FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
T SEAY, LINDA 6941 CRESCENT RIDGE ROAD ORLANDO FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
D JANSMA, ELIZABETH 3205 AUTUMNWOOD APOPKA FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
V HILL, SHADOW 4024 LAKE UNDERHILL RD #S ORLANDO FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
D HUFF, BRAD 1164 VILLA LANE APOPKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V MARTIN, MARC J. 930 CLEVELAND STREET EAST APOPKA FL 32703	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D WARREN, JOHN 1167 SARAH LANE CASSELBERRY FL 32707	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P HILL, SHADOW 4024 LAKE UNDERHILL RD #S ORLANDO FL 32803	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D RICHER, JANICE 201 S. TRIPLET LK DR CASSELBERRY FL 32707	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
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SIGNATURE: <i>Linda Seay</i> LINDA SEAY TREASURER 3/23/98 (407) 647-449

CR2E037 (10/97)



UNITY[®] CHURCH OF CHRISTIANITY 5162 Pope Road • Orlando, Florida 32810

Rev. Robert L. Marshall
Minister

(407) 295-9181
Prayer Line 293-8536

UNITY CHURCH OF CHRISTIANITY

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DAN CAIN
8224 BANYAN BLVD
ORLANDO FL 32819

D
JAMES LEONE
1275 LAKE HEATHROW LANE
HEATHROW FL 32747