

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90438 013 ****61.25

DOCUMENT # 735837 1. Entity Name UNITY CHURCH OF CHRISTIANITY, INC.					
Principal Place of Business 4801 CLARCONA OCOEE RD. ORLANDO, FL 32810				Mailing Address 4801 CLARCONA OCOEE RD. ORLANDO, FL 32810	
2. Principal Place of Business		3. Mailing Address 4801 CLARCONA OCOEE RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORLANDO, FL			
Zip	Country	Zip 32810	Country	4. FEI Number 59-2141375	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MELNYK, GERHARD 2505 LAKE JACKSON CIRCLE APOPKA, FL 32703				7. Name and Address of New Registered Agent Name RITA HENNINGGS Street Address (P.O. Box Number is Not Acceptable) 6079 TARA WOOD DR City ORLANDO FL Zip Code 32819	
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 <u><i>Rita Hennings</i></u> RITA HENNINGGS DATE 4-19-06 <small>Signature, typed or printed name of registered agent and date 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 MELNYK, GERHARD 2505 LAKE JACKSON CIR. APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RITA HENNINGGS 6079 TARA WOOD DR ORLANDO, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRANCHE, SUSAN 1119 SHERRINGTON RD ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANCHE, SUSAN 1119 SHERRINGTON RD ORLANDO, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANDON, SUE 2655 LAKEMONT AVE N WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEAL QUIROS 1335 LONGHILL DR APOPKA, FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEARMIN, JEFF 1427 BRYN MAWR STREET ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARK RAMEY 8801 BAY VILLA CT ORLANDO, FL 32836	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMBER, JOHN 1380 BRANCH HILL COURT APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORRAINE WILLIAMS 2114 KILAMANTARO CT APOPKA FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEPTUNE, DARBY 313 SANDPIPE COURT CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAOMI HARRISON 7208 HIAWASSEE OAK DR. ORLANDO FL 32818	<input type="checkbox"/> Change <input checked="" 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><i>Rita Hennings</i></u> RITA HENNINGGS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT DATE 4-19-06 DAYTIME PHONE # 407-909-0502		

ATTACHMENT

40060964

#735837

Box 11. continued -

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Judy NgYing

1992 Canal Rd

Deltona, FL 32738

Unit Church of Christianity