

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **753386**

(2)

1. Corporation Name

UNITY CHURCH OF PEACE, INC.



Principal Place of Business

**UNITY CHURCH OF PEACE
22481 LAGUARDIA AVE
PORT CHARLOTTE FL 33948
US**

Mailing Address

**UNITY CHURCH OF PEACE
PO BOX 2489
PT CHARLOTTE FL 33949
US**

3. Date Incorporated or Qualified
07/17/1980

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

29

30

4. FEI Number
59-2184154

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARNELL, ANGIE, REV.
22481 LAGUARDIA AVE
PORT CHARLOTTE FL 33948**

81 Name

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

83

84 City

FL

85 Zip Code

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, or 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

Rev. Angie Parnell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☐ DELETE
NAME **FAY, GERALDINE**
STREET ADDRESS **130 POINSETTA CIR**
CITY-ST-ZIP **PORT CHARLOTTE FL**

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **HOOD, MARION**
1.3 STREET ADDRESS **13483 ROMFORD AVE**
1.4 CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE **DX** ☒ DELETE
NAME **MOORE, JIMMY**
STREET ADDRESS **1662 NUREMBERG BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL**

2.1 TITLE **DVP** ☐ Change ☒ Addition
2.2 NAME **WYLLIE, SUSAN**
2.3 STREET ADDRESS **590 KELLSTADT STREET**
2.4 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **DS** ☐ DELETE
NAME **BRADLEY, ALICE**
STREET ADDRESS **21029 ALPINE**
CITY-ST-ZIP **PORT CHARLOTTE FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **JAMES BROCK**
3.3 STREET ADDRESS **482 READING STREET**
3.4 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **DX** ☒ DELETE
NAME **SOLOMON, JAMES**
STREET ADDRESS **1268 EIDER CT.**
CITY-ST-ZIP **PUNTA GORDA FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **RICHARD REYNOLDS**
4.3 STREET ADDRESS **20249 PEACHLAND BLVD.**
4.4 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **DVP** ☒ DELETE
NAME **SAYOER, DENNIS**
STREET ADDRESS **2735 MAGDALINA #2C**
CITY-ST-ZIP **PUNTA GORDA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DX** ☒ DELETE
NAME **MOORE, EVELYN**
STREET ADDRESS **23422 ELIZABETH AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Rev. Angie Parnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (941) 625-5517

CR2E037 (12/95)