


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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

Mailing Address

UNITY CHURCH OF PEACE
22481 LACORDIA AVE
PORT CHARLOTTE FL 33948
US

UNITY CHURCH OF PEACE
PO BOX 2489
PT CHARLOTTE FL 33948
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/17/1980	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2184154	Applied For <input type="checkbox"/> 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

UNITY CHURCH OF PEACE

Suite, Apt. #, etc.

1250 HUTLEDGE

Suite, Apt. #, etc.

City & State

City & State

NORTH PORT, FL.

City & State

Zip **NONE**

Country

Zip

Country

No mail del SARASOTA

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARNELL, ANGIE, REV.

22481 LACORDIA AVE
PORT CHARLOTTE FL 33948

81 Name

PARNELL, ANGIE, REV.

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

22519 ASTOR AVENUE

83

PORT CHARLOTTE, FL. 33980

84 City

PORT CHARLOTTE, FL

85 Zip Code

33980

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

REV. ANGIE PARNELL

7/23/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FAY, GERALDINE	
STREET ADDRESS	130 POINSETTA CIR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOOD, MARION	
STREET ADDRESS	13483 ROMFORD AVE	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BRADLEY, ALICE	
STREET ADDRESS	21029 ALPINE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WYLLIE, SUSAN	
STREET ADDRESS	590 KELLSTADT ST	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROCK, JAMES	
STREET ADDRESS	482 READING ST	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REYNOLDS, RICHARD	
STREET ADDRESS	20249 PECHLAND BLVD	
CITY-ST-ZIP	PT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOAD-STANZIONE, PHYLLIS	
1.3 STREET ADDRESS	1662 NU REMBERG BLVD.	
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33983	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STRAPP, ARLENE	
4.3 STREET ADDRESS	2056 MAZATLAN RD.	
4.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33983	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	REYNOLDS, RICHARD	
6.3 STREET ADDRESS	20249 PEACHLAND BLVD.	
6.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952	

14. I do 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.

CR2E037 (4/97)