

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90028 013 \*\*\*\*61.25

**DOCUMENT # N00000008227**

1. Entity Name

**UNITY TABERNACLE MINISTRIES, INC.**



Principal Place of Business

**7901 N.W. 40TH TERRACE  
OCALA FL 34475**

Mailing Address

**13364 SW 3RD PLACE  
OCALA FL 34481**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**59-3584656**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OLIVER, ELTON S  
13364 SW 3RD PLACE  
OCALA FL 34481**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME JACKSON, CHRISTINE C  
STREET ADDRESS 13365 SW 4TH PL  
CITY-ST-ZIP Ocala FL 34481

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS RICHARD, ALFONSO  
CITY-ST-ZIP 2108 NW 24TH ROAD  
OCALA FL 34475

TITLE ☐ Delete  
NAME KALKAI, LYN RAYER  
STREET ADDRESS 13230 S. MAG. AVE.  
CITY-ST-ZIP Ocala FL 34473

TITLE ☐ Delete  
NAME HARVEY, FREDDIE  
STREET ADDRESS 1927 S.W. 10TH RD.  
CITY-ST-ZIP Ocala FL 34475

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition  
NAME Lacy A welcome  
STREET ADDRESS 1405 N.W. 23rd Ave  
CITY-ST-ZIP Ocala, FL 34475

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Elton Oliver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/04*  
Date

*(352) 237-3994*  
Daytime Phone #