2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001268

Entity Name: UNITY CHURCH OF TODAY, INC.

FILED Jan 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16104 HANNA LUTZ, FL 33549 **Current Mailing Address: New Mailing Address:** P. O. BOX 1148 LUTZ, FL 33548 FEI Number: 90-0068185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FATUR, ROBERT A 23450 CHERBOURG LOOP LAND O LAKES, FL 34639 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EVANS, FRANCINE Name: Name: 17427 EQUESTRIAN TRAIL Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: MOYERS, HAL Name: FRANCO, ADRIANA Address: 3920 MEADOWLARK CT Address: 11208 PARTRIDGE DR City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: TAMPA, FL 33625 Title: () Delete Title: (X) Change () Addition GARCIA, CARLA Name: HOUSE, SUZANNE Name: 205 ORANGE DR Address: Address: 8802 S. LAGOON ST. City-St-Zip: LUTZ. FL 33548 City-St-Zip: TAMPA, FL 33615 Title: () Delete Title: () Change () Addition Name: HEIM, CATHERINE Name: 3613 FLOYD RD Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: (X) Delete Title: () Change () Addition HOUSE, SUZANNE Name: Name: 8802 S. LAGOON ST Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: (X) Delete Title: () Change () Addition FRANCO, ADRIANA Name: Name: Address: 18101 PEREGRINES PERCH PL #308 Address: LUTZ, FL 33549 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCINE EVANS P 01/08/2004