

DOCUMENT# N03000009586

FILED
Apr 16, 2009
Secretary of State

Entity Name: UNITY SPIRITUAL LIFE CENTER, INC.

Current Principal Place of Business:

2431 ALOMA AVENUE
SUITE 264
WINTER PARK, FL 32992

Current Mailing Address:

2431 ALOMA AVENUE
SUITE 264
WINTER PARK, FL 32992

New Principal Place of Business:

855 E SR 434
SUITE 2201
WINTER SPRINGS, FL 32708

New Mailing Address:

855 E SR 434
SUITE 2201
WINTER SPRINGS, FL 32708

FEI Number: _____ **FEI Number Applied For ()** _____ **FEI Number Not Applicable (X)** _____ **Certificate of Status Desired ()** _____

Name and Address of Current Registered Agent:

RAMOS, LUIS J
2306 PARK MAITLAND CT
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Title: PRES () Delete
Name: STANLEY, JAMES
Address: 1134 WINGED FOOT CIR. W
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: TREA () Delete
Name: THOMPSON, SARAH
Address: 1320 SILVERTHORN DR
City-St-Zip: ORLANDO, FL 32825

Title: SEC () Delete
Name: RIEHL, HELEN
Address: 2460 EUSTON ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: BLACK, BRENDA
Address: 1007 WAINWRIGHT DR.
City-St-Zip: OVIEDO, FL 32765

Title: CM () Delete
Name: MONESTIER, RONALD
Address: 3261 LORDMALL CT
City-St-Zip: OVIEDO, FL 32765

Title: CM () Delete
Name: PEREZ, CIRO
Address: 1117 WILMINGTON DRIVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUIS J. RAMOS

REV

04/16/2009

Electronic Signature of Signing Officer or Director

Date _____