




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000006939</b> 1. Entity Name <b>UNITY LIFETREE CHRISTIAN CENTER, INC</b>						<b>FILED</b> <b>07 FEB -1 PM 2:00</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>					
Principal Place of Business <b>20030 NE 23RD PLACE</b> <b>WILLISTON, FL 32696</b>				Mailing Address <b>20030 NE 23RD PLACE</b> <b>WILLISTON, FL 32696</b>							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.							
City & State				City & State				02012007    Chg-NP    CR2E037 (12/06)			
Zip				Country				4. FEI Number <b>APPLIED FOR</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>						<b>7. Name and Address of New Registered Agent</b>					
<b>BATTLES, WILLIE A</b> <b>1290 NE SR 121</b> <b>WILLISTON, FL 32696</b>						Name Street Address (P.O. Box Number is Not Acceptable) City					
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.						<b>100088727631</b> <b>02/19/07--01039--017 **61.25</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____											
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>											
<b>10. OFFICERS AND DIRECTORS</b>						<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE P <input type="checkbox"/> Delete NAME BATTLES, WILLIE A STREET ADDRESS 1290 NE SR 121 CITY-ST-ZIP WILLISTON, FL 32696						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE V <input type="checkbox"/> Delete NAME LEGALL, RHONDA STREET ADDRESS 20030 NE 23RD PLACE CITY-ST-ZIP WILLISTON, FL 32696						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE S <input checked="" type="checkbox"/> Delete NAME COX, YVONNE STREET ADDRESS POST OFFICE BOX 772 CITY-ST-ZIP WILLISTON, FL 32696						TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Tiffany Washington STREET ADDRESS P.O. Box 993 CITY-ST-ZIP Williston, FL 32696					
TITLE T <input type="checkbox"/> Delete NAME BATTLES, SHARON D STREET ADDRESS 1290 NE SR 121 CITY-ST-ZIP WILLISTON, FL 32696						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.											
<b>SIGNATURE: <u>Willie A. Battles</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											
<b>2/1/07</b> <b>352-528-3556</b> Date    Daytime Phone #											