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1995 MAY 25 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12667 **(4)**

1. Corporation Name

CHRISTIAN UNITY MOVEMENT INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O SIMON C. SHEFFIELD RT. 4, BOX 516 CHIPLEY FL 32428	RT. 4. BOX 516 102 DEERMONT CIRCLE CHIPLEY FL 32428 US

3. Date Incorporated or Qualified: 12/20/1985
3a. Date of Last Report: 12/08/1994
4. FEI Number: 59-2640545 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHEFFIELD, SIMON C.
RT. #4, BOX 516
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: NO - Change — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	11 TITLE ☐ Change ☐ Addition
NAME	MCKNIGHT, GERALDINE	12 NAME
STREET ADDRESS	2524 BLACKFOREST SW	13 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA 30331	14 CITY-ST-ZIP
TITLE	VD	21 TITLE ☐ Change ☐ Addition
NAME	MCKNIGHT, JERRY	22 NAME
STREET ADDRESS	2524 BLACKFOREST SW	23 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA 30331	24 CITY-ST-ZIP
TITLE	STD	31 ☐ Change ☐ Addition
NAME	SHEFFIELD, KATIE	32
STREET ADDRESS	405 FAIRBURN RD.,SW,#93	33 STREET ADDRESS
CITY ST ZIP	ATLANTA GA 30331	34 CITY-ST-ZIP
TITLE	D	41 ☐ Change ☐ Addition
NAME	SHEFFIELD, DERRICK	42
STREET ADDRESS	405 FAIRBURN RD.,SW,#93	43 STREET ADDRESS
CITY ST ZIP	ATLANTA GA 30331	44 CITY-ST-ZIP
TITLE	D	51 ☐ Change ☐ Addition
NAME	SHEFFIELD, S.C.	52
STREET ADDRESS	RT. 4, BOX 516	53 STREET ADDRESS
CITY ST ZIP	CHIPLEY FL 32428	54 CITY-ST-ZIP
TITLE	D	61 ☐ Change ☐ Addition
NAME	MCKNIGHT, KRISTY	62
STREET ADDRESS	2524 BLACKFOREST TR.	63 STREET ADDRESS
CITY ST ZIP	ATLANTA GA 30331	64 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Rev. Simon Sheffield - Rev. S.C. Sheffield 4/25/95 904 638-7188
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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