

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12667
1. Corporation Name

CHRISTIAN UNITY MOVEMENT INC.

Principal Place of Business

Mailing Address

Rt. 4 Box 516

SAME

Chipley, FL 32428

3. Date Incorporated or Qualified

12/20/85

3a. Date of Last Report

5/95

2. Principal Place of Business

2a. Mailing Address

21 Rt. 4 Box 516

26

4. FEI Number

59-2640545

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Chipley, FL 32428

Suite, Apt. #, etc.

27 Same

5. Certificate of Status Desired

A

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

24

Zip

32428

Country

25 Washington

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rev. Simon Sheffield
Rt. 4 Box 516
Chipley, FL 32428

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PO**

STREET ADDRESS **Rev. Simon Sheffield**

CITY-ST-ZIP **Rt. 4 Box 516**

Chipley, FL 32428

TITLE ☐ DELETE

NAME **VP-P**

STREET ADDRESS **Horace M. Sheffield**

CITY-ST-ZIP **2633 Hightower Ct NW**

Atlanta, GA 30314

TITLE ☐ DELETE

NAME **S-O**

STREET ADDRESS **Janice Queen**

CITY-ST-ZIP **405 Fairburn Rd SW 17**

Atlanta, GA 30331

TITLE ☐ DELETE

NAME **T**

STREET ADDRESS **Katie Sheffield**

CITY-ST-ZIP **405 Fairburn Rd. S.W. 93**

Atlanta, GA 30331

TITLE ☐ DELETE

NAME **MD**

STREET ADDRESS **Derrick Sheffield**

CITY-ST-ZIP **405 Fairburn Rd SW, 93**

Atlanta, GA 30331

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

800001921738

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*****70.00**

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/6/96-638-7189

CR2E037 (12/95)