


FILE NOW: FILING FEE IS \$61.25

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Aug 26 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 12667 - Social Ser.  
1. Corporation Name  
**Christian Unity MOVEMENT INC**

Principal Place of Business  
**Rt. 4 Box 516**  
**2045 Jessie Wy.**  
**Chipley, Fl. 32428**

Mailing Address  
**c/o Rev. S.C. Sheffield**  
**2045 Jessie Wy**  
**Chipley, Fl. 32428**

3. Date Incorporated or Qualified <b>12-20-85</b>	3a. Date of Last Report <b>8/10/96</b>
4. FEI Number <b>59-2640545</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>Rt. 4 Box 516</b> Suite, Apt. #, etc. 22 City & State 23 <b>Chipley Fl.</b> Zip 24 <b>32428</b>	2a. Mailing Address 26 <b>2045 Jessie Wy</b> Suite, Apt. #, etc. 27 <b>Chipley, Fl</b> City & State 28 <b>Chipley, Fl.</b> Zip 29 <b>32428</b>	Country 25 <b>US</b>	Country 30 <b>Washington</b>
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9. Name and Address of Current Registered Agent <b>Rev. Simon Sheffield</b> <b>Rt. 4 Box 516</b> <b>Chipley, Fl. 32428</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P/O</b>	1.1 TITLE	<b>P/O/T</b>
NAME		1.2 NAME	<b>Rev. Simon C. Sheffield</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>2045 Jessie Wy.</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Chipley, Fl. 32428</b>
TITLE		2.1 TITLE	<b>V/O/T</b>
NAME		2.2 NAME	<b>Horace Sheffield</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2633 Hightower St. NW</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Atlanta, Ga. 30318</b>
TITLE		3.1 TITLE	<b>S/O/T</b>
NAME		3.2 NAME	<b>Katie Sheffield</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>405 Fairburn Rd SW</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Atlanta, GA 30331</b>
TITLE		4.1 TITLE	<b>B/O</b>
NAME		4.2 NAME	<b>Derrick Sheffield</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>405 Fairburn Rd. SW</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Atlanta, Ga. 30331</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 C. Sheffield** P/O/T 8/20/95 850-638-7188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/96)