FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:34

DOCUMENT # N13419 (9)

1. Corporation Name
UNITY CHURCH OF FOUR TOWNES, INC.

Principal Place of Business	Mailing Address
815 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763	815 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1986
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2674899 ☐ 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 1778 Doyle Rd.	26 P.O. BOX 4003
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Deltona, Fl.	28 City & State: Enterprise, Fl.
24 Zip: 32725 25 Country: Volusia	29 Zip: 32725-0003 30 Country: Volusia

9. Name and Address of Current Registered Agent

CARTER, BRINLY S.
5 WEST HIGHBANKS ROAD
DEBARY FL 32713

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY RUTH	12 NAME	
STREET ADDRESS	488 SHERYL DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, M.H.	22 NAME	VanZyll, John
STREET ADDRESS	3252 N. STATE ROAD, 15A	23 STREET ADDRESS	1859 Trumbull St.
CITY-ST-ZIP	DELAND FL	24 CITY-ST-ZIP	Deltona, Fl. 32725
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	COTTO, RUTH	32 NAME	Furlong, Ann
STREET ADDRESS	1177 OUTLOOK DRIVE	33 STREET ADDRESS	1859 Trumbull St.
CITY-ST-ZIP	DELTONA FL	34 CITY-ST-ZIP	Deltona, Fl. 32725
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	FAIRBANKS, RUTH	42 NAME	
STREET ADDRESS	1760 PERSIMMON SIR	43 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	44 CITY-ST-ZIP	
TITLE	MD	51 TITLE	☐ Change ☐ Addition
NAME	SAPUTRO, NANCY	52 NAME	
STREET ADDRESS	504 SEA HAWK CT.	53 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Ruth Montgomery Ruth Montgomery 1/29 407-323-4605
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN THIS REPORT (Date) (Daytime Phone #)

0031001