

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 # N13419 (9)

1. Corporation Name

UNITY CHURCH OF FOUR TOWNES, INC.

Principal Place of Business

1778 DOYLE RD
DELTONA FL 32725
US

Mailing Address

P O BOX 4003
ENTERPRISE FL 32725-0003
US



3. Date Incorporated or Qualified
02/13/1986

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 1340 Merrifield Ct.

26 P.O. Box 1116

4. FEI Number
59-2674899

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 Deltona, Fl.

28 Edgewater Fl.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 32725

25 Volusia

29 32132

30 Volusia

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

CARTER, BRINLY S.
5 WEST Highbanks Road
DEBARY FL 32713

81 Name
Ruth Fairbanks

82 Street Address (P.O. Box Number is Not Acceptable)
1760 Persimmon Circle

83

84 City
Edgewater

FL 85 Zip Code
32132

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 *Ruth Fairbanks*

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

(NOTE: Registered Agent signature required when reinstating)

2/25/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MONTGOMERY RUTH
STREET ADDRESS 488 SHERYL DRIVE
CITY-ST-ZIP DELTONA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME VANZYL, JOHN
STREET ADDRESS 1859 TRUMBULL ST
CITY-ST-ZIP DELTONA FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Matthews, Yvonne
2.3 STREET ADDRESS 255 Bayou Vista St.
2.4 CITY-ST-ZIP DeBary, Fl. 32713

TITLE SD ☐ DELETE
NAME FURLONG, ANN
STREET ADDRESS 1859 TRUMBULL ST
CITY-ST-ZIP DELTONA FL

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Earleen Woessner
3.3 STREET ADDRESS 1108 E. Hancock Dr.
3.4 CITY-ST-ZIP Deltona, Fl. 32725

TITLE TD ☐ DELETE
NAME FAIRBANKS, RUTH
STREET ADDRESS 1760 PERSIMMON SIR
CITY-ST-ZIP EDGEWATER FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE MD ☐ DELETE
NAME SAPUTRO, NANCY
STREET ADDRESS 504 SEA HAWK CT.
CITY-ST-ZIP EDGEWATER FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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: *Ruth Montgomery*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUTH MONTGOMERY

2/25/96 407-323-4605
Date Daytime Phone #

CR2E037 (12/95)