

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

1340 MERRIFIELD COURT  
DELTONA FL 32725  
USP.O. BOX 1116  
EDGEWATER FL 32132-1116  
US3. Date Incorporated or Qualified  
02/13/19863a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 299 Falcon Avenue  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2674899Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

City &amp; State

City &amp; State

23 Edgewater, Fl.  
Zip Country28 City & State  
Zip Country6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24 32141

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAIRBANKS, RUTH  
1760 PERSIMMON CIRCLE  
EDGEWATER FL 32132

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY RUTH	1.2 NAME	
STREET ADDRESS	488 SHERYL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, YVONNE	2.2 NAME	
STREET ADDRESS	225 BAYOU VISTA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOESNER, EARLEEN	3.2 NAME	
STREET ADDRESS	1198 E HANCOCK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRBANKS, RUTH	4.2 NAME	
STREET ADDRESS	1760 PERSIMMON CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	4.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPUTRO, NANCY	5.2 NAME	
STREET ADDRESS	504 SEA HAWK CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Eleanor R. Montgomery*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/14/97  
Date904-409-9863  
Daytime Phone 0002744

CR2E037 (9/96)