

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13419** (9)

1. Corporation Name

UNITY CHURCH OF FOUR TOWNES, INC.



Principal Place of Business 299 FALCON BLVD. EDGEWATER FL 32132 US		Mailing Address P.O. BOX 1116 EDGEWATER FL 32132 US		3. Date Incorporated or Qualified 02/13/1986	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2674899	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 22		City & State 27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 23		Country 28		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24		Country 25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 29		Country 30			

9. Name and Address of Current Registered Agent FAIRBANKS, RUTH 1760 PERSIMMON CIRCLE EDGEWATER FL 32132		10. Name and Address of New Registered Agent	
		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 _____ (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 checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, YVONNE	2.2 NAME	Earleen Woeshner
STREET ADDRESS	225 BAYOU VISTA STREET	2.3 STREET	1198 E Hancock Dr.
CITY-ST-ZIP	DEBARY FL	2.4 CITY-ST-ZIP	DELTONA FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, PAT	3.2 NAME	Ruth Fairbanks
STREET ADDRESS	1405 S ORANGE AVE #120	3.3 STREET ADDRESS	1760 Persimmon Cir
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Edgewater, FL
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRBANKS, RUTH	4.2 NAME	Yvonne Matthews
STREET ADDRESS	1760 PERSIMMON CIR	4.3 STREET ADDRESS	225 Bayou Vista St.
CITY-ST-ZIP	EDGEWATER FL	4.4 CITY-ST-ZIP	DeBary, FL
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 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:

Earleen Woeshner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/98

407-823-4605

Date Daytime Phone # 0002856

CR2E037 (10/97)