2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14802

FILED Apr 29, 2009 Secretary of State

Entity Name: UNITY CHURCH IN THE GARDENS, INC.

Current Principal Place of Business: New Principal Place of Business: 6973 DONALD ROSS ROAD PALM BEACH GARDENS, FL 33418 **Current Mailing Address: New Mailing Address:** 6973 DONALD ROSS ROAD PALM BEACH GARDENS, FL 33418 FEI Number: 59-2678199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIANE, ROBINSON S.L. 6973 DONALD ROSS RD. PALM BEACH GARDENS, FL 33418 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KELLER, CRAIG KELLER, CRAIG Name: Name: 18205 GARDINER LANE Address: 18205 GARDINER LANE Address: City-St-Zip: JUPIER, FL 33458 City-St-Zip: JUPIER, FL 33458 Title: VD Title: () Delete () Change () Addition KILIAN, JOHN Name: Name: Address: 853 UNIVERSITY BLVD. #101 Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: () Delete Title: () Change () Addition LYME, CAROL Name: Name: Address: 20 WELLESLEY DR Address: City-St-Zip: LAKE WORTH, FL 44560 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: HACKETT, MELANIE Name: Address: 9259 EQUUS CIRCLE Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: Title: (X) Delete Title: () Change () Addition AVILA, IONARA Name: Name: 1889 W FREDERICK SMALL RD Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: () Delete Title: (X) Change () Addition SICCARDI, PATRICIA SICCARDI, PATRICIA Name: Name: 5113 ELPINE WAY Address: 5113 ELPINE WAY Address: PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SICCARDI PD 04/29/2009