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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15470

1. Corporation Name
UNITY CHRIST CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
1911 N GORDON ST PLANT CITY FL 33566 US	P.O. BOX 4563 PLANT CITY FL 33564 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/18/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0637846 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DOOLEY, LORINDA
218 N WEBB RD
PLANT CITY FL 33566

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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOOLEY, LORINDA		1.2 NAME		
STREET ADDRESS	218 N WEBB RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	MEYER, SUSAN		2.2 NAME	James Moore	
STREET ADDRESS	3929 CREEK WOODS DR		2.3 STREET ADDRESS	511 Wiggins Road	
CITY-ST-ZIP	PLANT CITY FL 33567		2.4 CITY-ST-ZIP	Plant City, FL 33566	
TITLE	DT	☒ DELETE	3.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	BAKER, RAE		3.2 NAME	Sharon Fields	
STREET ADDRESS	P.O. BOX 508		3.3 STREET ADDRESS	2342 E. Burns St.	
CITY-ST-ZIP	THONOTOSASSA FL 33592		3.4. CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	DS	☐ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	RICHTER, ROSEMARIE		4. 2 NAME	Rosemarie Richter	
STREET ADDRESS	110 DANNY DRIVE		4.3 STREET ADDRESS	110 Danny Drive	
CITY-ST-ZIP	VALRICO FL		4.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAZEN, SHIRLEY		5.2 NAME		
STREET ADDRESS	6212 PUEBLO DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHRHILLS FL 33540		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	QUIZDALA, MARION		6.2 NAME	Rosemarie Franke	
STREET ADDRESS	820 VALLEYHILL DR		6.3 STREET ADDRESS	1906 River Meadow	
CITY-ST-ZIP	BRANDON FL 33510		6.4 CITY-ST-ZIP	Valrico, FL 33594	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Rosemarie Richter **SIGN HERE IF REQUIRED** 4/29/99 684-6395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #