2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-08-2001 90058 032 ****61.25

DOCUMENT # N15470

1. Entity Name

UNITY CHRIST CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
1911 N GORDON ST PLANT CITY FL 33568 US	P.O. BOX 4563 PLANT CITY FL 33564 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0637846 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, JAMES
511 WIGGINS ROAD S.
PLANT CITY FL 33566 T

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 James Moore 3/4/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE T NAME FRANKE, ROSEMARIE STREET ADDRESS 2010 CEDAR RUN CITY-ST-ZIP PLANT CITY FL 33566 T ☐ Delete	TITLE SP. L SPIRITUAL LEADER (MINISTER) ☐ Change ☐ Addition NAME SHIRLEY WOOD STREET ADDRESS 4034 THE FENWAY CITY-ST-ZIP MULBERRY, FL 33860 T
TITLE AT NAME MOORE, JAMES STREET ADDRESS 511 WIGGINS RD CITY-ST-ZIP PLANT CITY FL 33566 T ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE S NAME SHIRLEY-ATWATER, BLONDELL STREET ADDRESS 2814 PEMBERTON CREEK DRIVE CITY-ST-ZIP SEFFNER FL 33584 ☒ Delete	TITLE AS MIKE SCIROCCO ☐ Change ☒ Addition NAME STREET ADDRESS 3816 MCELVEEN CITY-ST-ZIP PLANT CITY, FL. 33566 T
TITLE P NAME GRESS, RITA STREET ADDRESS 217 MARY CATHERINE COURT CITY-ST-ZIP LAKELAND FL 33804 T ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE S NAME HAZEN, SHIRLEY STREET ADDRESS 6212 PUEBLO DR CITY-ST-ZIP ZEPHRHILLS FL 33540 T ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME WIREBJER, CHRISTINA STREET ADDRESS 11502 GROVE LANE CITY-ST-ZIP SEFFNER FL 33584 ☒ Delete	TITLE VP VP ☐ Change ☒ Addition NAME VIRGINIA BERRY STREET ADDRESS 424 S. WIGGINS ROAD CITY-ST-ZIP PLANT CITY, FL. 33566 T

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Moore REQUIRED 3-4-2001 813-6592624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Board of Trustees