

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90029 011 ****61.25

DOCUMENT # N15470

1. Entity 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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 17-2002

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	<input type="checkbox"/> Delete
NAME	FRANKE, ROSEMARIE	
STREET ADDRESS	2010 CEDAR RUN	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MOORE, JAMES	
STREET ADDRESS	511 WIGGINS RD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	AST	<input checked="" type="checkbox"/> Delete
NAME	SCIROCCO, MIKE	
STREET ADDRESS	3816 MCELVEEN	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	PT	<input type="checkbox"/> Delete
NAME	GRESS, RITA	
STREET ADDRESS	217 MARY CATHERINE COURT	
CITY-ST-ZIP	LAKELAND FL 33804	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HAZEN, SHIRLEY	
STREET ADDRESS	6212 PUEBLO DR	
CITY-ST-ZIP	ZEPHRILLS FL 33540	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BEERN, VIRGINIA	
STREET ADDRESS	4245 S. WIGGINS RD.	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARNES, MICHIEL	
STREET ADDRESS	#9 RANDY LANE	
CITY-ST-ZIP	PLANT CITY, FL 33564	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINO, DOTTIE	
STREET ADDRESS	1456 N. WABASH AVE.	
CITY-ST-ZIP	LAKELAND, FL. 33805	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEERY, VIRGINIA	
STREET ADDRESS	424 S. WIGGINS RD	
CITY-ST-ZIP	PLANT CITY, FL. 33566	

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 17-2002 752-7505
 Date Daytime Phone #

CR2E037 (9/01)