## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N15470

Title:

Name:

Address:

City-St-Zip:

DRAKE, JO

7010 CRIPPLE CREEK ROAD

PLANT CITY, FL 335655808

FILED Apr 04, 2009 Secretary of State

Entity Name: UNITY CHRIST CHURCH, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 1191 N GORDON ST PLANT CITY, FL 33563 US **Current Mailing Address: New Mailing Address:** 1191 N GORDON ST PLANT CITY, FL 33563 US FEI Number: 59-0637846 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: WOOD, SHIRLEY REV 4034 THE FENWAY MULBERRY, FL 33860 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 LAMB, WALLY DRAKE, JO Name: Name: **5704 13TH STREET** Address: 7018 CRIPPLE CREEK ROAD Address: City-St-Zip: ZEPHYRHILLS, FL 335424145 City-St-Zip: PLANT CITY, FL 33565 Title: Title: (X) Change ( ) Addition () Delete KOLAR, JUNE Name: HEYLER, LORI Name: Address: 4819 GALLAGHER ROAD Address: 512 TUSCANY PARK LOOP City-St-Zip: PLANT CITY, FL 335653687 City-St-Zip: BRANDON, FL 33511 Title: () Delete Title: (X) Change ( ) Addition MOORE, JAMES MOORE, JAMES Name: Name: Address: 511 S WIGGINS ROAD Address: 511 S WIGGINS ROAD City-St-Zip: PLANT CITY, FL 335667236 City-St-Zip: PLANT CITY, FL 335667236 Title: S Title: () Change () Addition ( ) Delete OLSEN, KEVIN Name: Name: 1208 SPANISH OAK LANE Address: Address: City-St-Zip: PLANT CITY, FL 335636575 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HEYLER, LORI SIRON, ANTHONY Name: Name: 512 TUSCANNY PARK LOOP 43 COUNTRY LANE Address: Address: City-St-Zip: BRANDON, FL 335116167 City-St-Zip: PLANT CITY, FL 33565 ( ) Delete

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JO DRAKE **PRES** 04/04/2009

(X) Change ( ) Addition

HALLIGAN, CONNIE

PLANT CITY, FL 33566

3418 TODD COUNTRY PLACE