

ANNUAL REPORT (AR)

DOCUMENT # N20317

1. Entity Name

UNITY BAPTIST CHURCH OF MARION COUNTY, INC.



Principal Place of Business

1300 NE 100TH STREET
ANTHONY FL 32617

Mailing Address

PO BOX 1090
ANTHONY FL 32617

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3495547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, WILLIAM
1741 NE 95TH STREET
OCALA FL 32670

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-signing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKINNON, ROBERT	
STREET ADDRESS	11021 NE 41 TERR	
CITY- ST- ZIP	ANTHONY FL 32617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAKER, THOMAS E	
STREET ADDRESS	11845 NE 36TH AVE	
CITY- ST- ZIP	ANTHONY FL 32617	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOWARD, BILL	
STREET ADDRESS	1741 NE 95TH ST.	
CITY- ST- ZIP	ANTHONY FL 32617	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALLACE, NORMA	
STREET ADDRESS	1745 NE 91ST PL.	
CITY- ST- ZIP	ANTHONY FL 32617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000642647
CITY- ST- ZIP	03/01/07-80052-001 61.25
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Norma L. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352)
2/15/07 368-1755