


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N20317</b>	
<b>1. Entity Name</b> UNITY BAPTIST CHURCH OF MARION COUNTY, INC.	

<b>Principal Place of Business</b> 1300 NE 100TH STREET ANTHONY FL 32617	<b>Mailing Address</b> PO BOX 1090 ANTHONY FL 32617
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

1st MOORE CR2E037 (10/07)

<b>4. FEI Number</b> 59-3495547		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
HOWARD, WILLIAM 1741 NE 95TH STREET OCALA FL 32670		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 "I do if applicable" (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to:</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<input type="checkbox"/> Delete <b>NAME</b> MCKINNON, ROBERT <b>STREET ADDRESS</b> 11021 NE 41 TERR <b>CITY-ST-ZIP</b> ANTHONY FL 32617	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	U00000824963 02/20/08-80100-011 61.25
<b>TITLE</b> VD	<input type="checkbox"/> Delete <b>NAME</b> BAKER, THOMAS E <b>STREET ADDRESS</b> 11845 NE 36TH AVE <b>CITY-ST-ZIP</b> ANTHONY FL 33617	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> SD	<input type="checkbox"/> Delete <b>NAME</b> HOWARD, BILL <b>STREET ADDRESS</b> 1741 NE 95TH ST. <b>CITY-ST-ZIP</b> ANTHONY FL 32617	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> TD	<input type="checkbox"/> Delete <b>NAME</b> WALLACE, NORMA <b>STREET ADDRESS</b> 1745 NE 91ST PL. <b>CITY-ST-ZIP</b> ANTHONY FL 32617	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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

2/7/08 (352)368-1755