2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20317

FILED Mar 23, 2009 Secretary of State

Entity Name: UNITY BAPTIST CHURCH OF MARION COUNTY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1300 NE 100TH STREET 1300 NE 100TH STREET ANTHONY, FL 32617 OCALA, FL 34470 **Current Mailing Address: New Mailing Address:** PO BOX 1090 ANTHONY, FL 32617 FEI Number: 59-3495547 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: HOWARD, WILLIAM HOWARD, BILL 1741 NE 95TH STREET 1741 NE 95TH STREET OCALA, FL 32670 ANTHONY, FL 32617 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: BILL HOWARD 03/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCKINNON, ROBERT Name: Name: 11021 NE 41 TERR Address: Address: City-St-Zip: ANTHONY, FL 32617 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: BAKER, THOMAS E Name: BAKER, THOMAS E Address: 11845 NE 36TH AVE Address: 11845 NE 36TH AVE City-St-Zip: ANTHONY, FL 33617 City-St-Zip: ANTHONY, FL 32617 Title: () Delete Title: () Change () Addition HOWARD, BILL, Name: Name: 1741 NE 95TH ST. Address: Address: City-St-Zip: ANTHONY, FL 32617 City-St-Zip: Title: TD () Delete Title: () Change () Addition WALLACE, NORMA, Name: Name: Address: 1745 NE 91ST PL. Address: City-St-Zip: ANTHONY, FL 32617 City-St-Zip:

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.

SIGNATURE: NORMA WALLACE TD 03/23/2009