

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N23584

(8)

1. Corporation Name

UNI-SON MINISTRIES, INC.



Principal Place of Business

Mailing Address

DAVID MICHAEL KENT  
132 SUN LANE  
PANAMA CITY BEACH FL 32413

DAVID MICHAEL KENT  
132 SUN LANE  
PANAMA CITY BEACH FL 32413

3. Date Incorporated or Qualified

11/20/1987

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2861938

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENT, DAVID MICHAEL  
132 SUN LANE  
PANAMA CITY BEACH FL 32413

81 Name

Betty Kent

82 Street Address (P.O. Box Number is Not Acceptable)

252 Ewing Ct

83

Fort Walton Beach

84 City

FL

85 Zip Code

32548

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Betty Kent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☒ DELETE

NAME

KENT, DAVID MICHAEL

STREET ADDRESS

132 SUN LANE

CITY-ST-ZIP

PANAMA CITY BEACH FL 32413

TITLE

D

☐ DELETE

NAME

ANGERMAN, RAY

STREET ADDRESS

206 DEVON COURT

CITY-ST-ZIP

FT. WALTON BEACH FL 32547

TITLE

D

☐ DELETE

NAME

KENT, BETTY HALE

STREET ADDRESS

252 EWING COURT

CITY-ST-ZIP

FT. WALTON BEACH FL 32548

TITLE

D

☐ DELETE

NAME

GILES, MARK

STREET ADDRESS

77 11TH ST

CITY-ST-ZIP

SHALIMAR FL

TITLE

D

☐ DELETE

NAME

HAYES, MARK

STREET ADDRESS

1719 COLONIAL COURT

CITY-ST-ZIP

FT. WALTON BCH. FL

TITLE

D

☐ DELETE

NAME

BLOXSON, OZZIE

STREET ADDRESS

38 OKAHATCHEE

CITY-ST-ZIP

FT. WALTON BEACH FL 32548

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty Kent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

904-863-1148

Date

Daytime Phone

CR2E037 (12/95)