

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N23584

1. Entity Name
UNISON MINISTRIES/MARCH FOR JESUS, INC.



Principal Place of Business
252 EWING CT.
FT WALTON BEACH, FL 32548 US

Mailing Address
252 EWING CT.
FT WALTON BEACH, FL 32548 US



03052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2861938

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENT, BETTY H
252 EWING CT.
FT WALTON BEACH, FL 32548

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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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENT, LLOYD L
252 EWING CT.
FT WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANGERMAN, RAY REV
206 DEVON CT.
FT. WALTON BEACH, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILES, MARK
77 11TH ST
SHALIMAR, FL 32579

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARTS, LINDA
208 FLIWA AVE, NW
FORT WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARTER, KARIN
1437 THUNDER RIDGE RD
HOLT, FL 32564

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000315509
04/19/05-80037-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Lloyd L. Kent

LLOYD L. KENT 04/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #