

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32473

1. Entity Name

CHURCH OF UNITY, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90295 032 *****70.00

Principal Place of Business

3322 N MIAMI AVENUE
C/O LOIS GILMORE
MIAMI FL 33127
US

Mailing Address

5710 N MIAMI AVE.
C/O LOIS GILMORE
MIAMI FL 33127-1624
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0133065

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILMORE-SMITH, LOIS C
5710 N. MIAMI AVENUE
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name

Lois C. Gilmore-Smith

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

5710 N. Miami Ave.

City

Miami

FL

Zip Code

33127

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOIS C. GILMORE-SMITH ☐ Delete
STREET ADDRESS 5710 N MIAMI AVE
CITY-ST-ZIP MIAMI FL

TITLE S
NAME DEJESUS, EVELYN ☐ Delete
STREET ADDRESS 144 NE 45 ST
CITY-ST-ZIP MIAMI FL 33127

TITLE D
NAME MONTY LEE SMITH ☐ Delete
STREET ADDRESS 5710 N MIAMI AVE
CITY-ST-ZIP MIAMI FL

TITLE D
NAME SIMON, DORETHA ☐ Delete
STREET ADDRESS 413 SOUTH DADE AVENUE
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lois C. Gilmore-Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2001 (305) 756-0590

Date

Daytime Phone #

CR2E037 (10/00)