4/22/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-22-2002 90190 020 ****70.00

DOCUMENT # N32473

1. Entity Name

CHURCH OF UNITY, INC.

Principal Place of Business	Mailing Address
3322 N MIAMI AVENUE C/O LOIS GILMORE MIAMI FL 33127 US	5710 N MIAMI AVE. C/O LOIS GILMORE MIAMI FL 33127-1624 US

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
GILMORE-SMITH, LOIS C 5710 N. MIAMI AVENUE MIAMI FL 33127	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOIS C. GILMORE-SMITH 5710 N MIAMI AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEJESUS, EVELYN 144 NE 45 ST MIAMI FL 33127	☐ Delete	TITLE S / NAME / STREET ADDRESS / CITY-ST-ZIP	Evelyn Garcia- DeJesus 74 N.E. 117 St Miami, FL. 33161 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTY LEE SMITH 5710 N MIAMI AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, DORETHA 413 SOUTH DADE AVENUE ARCADIA FL 34266	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	Doretha Simon 7463 Beacon Hill Loop # 8 Orlando FL. 32818 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	Cereita Aaron 1311 Meridian Ave. # 4 Miami Beach, FL. 33139 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 RECEIVED Lois C. Gilmore-Smith 4/8/2002 (305)756-0590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #