

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N32473			
1. Entity Name CHURCH OF UNITY, INC.			
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
5. 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 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. I am familiar with, and accept, the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida 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	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEJESUS, EVELYN 74 NE 117 ST MIAMI FL 33161	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTY LEE SMITH 5710 N MIAMI AVE MIAMI FL	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, VERA A 3221 NW 11 AVE. MIAMI FL 33127	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0133065** Applied For
Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 _____ DATE _____