## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32473

Entity Name: CHURCH OF UNITY, INC.

FILED Feb 02, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.

5710 N MIAMI AVENUE
C/O LOIS GILMORE
MIAMI, FL 33127 US

5710 N MIAMI AVENUE
C/O LOIS GILMORE-SMITH
MIAMI, FL 33127 US

MIAMI, FL 33127 US

Current Mailing Address: New Mailing Address:

5710 N MIAMI AVE.

C/O LOIS GILMORE

MIAMI, FL 331271624 US

5710 N MIAMI AVE.

C/O LOIS GILMORE-SMITH

MIAMI, FL 33127 US

FEI Number: 65-0133065 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

**OFFICERS AND DIRECTORS:** 

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:

Electronic Signature of Registered Agent Date

## Electronic Signature of Registered A

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 LOIS C. GILMORE-SMIT, H
 Name:
 LOIS C. GILMORE-SMIT, H

 Address:
 5710 N MIAMI AVE
 Address:
 5710 N MIAMI AVE

 City-St-Zip:
 MIAMI, FL
 33127

Title: S () Delete Title: () Change () Addition

 Name:
 DEJESUS, EVELYN
 Name:

 Address:
 74 NE 117 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:

 Name:
 MONTY LEE SMITH,
 Name:
 MONTY LEE SMITH,

 Address:
 5710 N MIAMI AVE
 5710 N MIAMI AVE

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 MIAMI, FL 33127

Title: D () Delete Title: () Change () Addition

 Name:
 LEE, VERA A
 Name:

 Address:
 3221 NW 11 AVE.
 Address:

 City-St-Zip:
 MIAMI, FL 33127
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS GILMORE-SMITH PD 02/02/2009