

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/1/2005-90023-001-\$61.25-\$61.25

DOCUMENT # N46987 1. Entity Name UNITY FREEWILL BAPTIST CHURCH, INC.						FILED 05 SEP 19 AM 9:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA 																																																																																																																																																																	
Principal Place of Business 303 N W 9TH AVE MULBERRY FL 33860-2927 US				Mailing Address P O BOX 273 MULBERRY FL 33860 US																																																																																																																																																																			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																																			
City & State				City & State																																																																																																																																																																			
Zip		Country		Zip		Country																																																																																																																																																																	
4. FEI Number 59-3060242				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																																																			
6. Name and Address of Current Registered Agent DRAPER, RONALD C. 3405 HWY 17 N BARTOW FL 33830				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 <i>Ronald C. Draper</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <i>8-28-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																																			
FILE NOW: FEE IS \$61.25 Due By September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																																	
Make Check Payable to Florida Department of State																																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">10. CPD OFFICERS AND DIRECTORS</th> <th colspan="4" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">Delete</td> <td style="width: 10%;"></td> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td></td> <td>DRAPER, RONALD C.</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3405 HWY 17 N</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BARTOW FL</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>JORDAN, MICHELLE L</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>850 SCHOOLHOUSE RD</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td><i>8/9/20</i></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND FL 33813</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>STINSON, CHERYL L</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>274 CESARA ESTATES</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MULBERRY FL 33860</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>								10. CPD OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				TITLE	NAME	Delete		TITLE	NAME	Change	Addition		DRAPER, RONALD C.	<input type="checkbox"/>						STREET ADDRESS	3405 HWY 17 N			STREET ADDRESS				CITY-ST-ZIP	BARTOW FL			CITY-ST-ZIP					JORDAN, MICHELLE L	<input type="checkbox"/>						STREET ADDRESS	850 SCHOOLHOUSE RD			STREET ADDRESS	<i>8/9/20</i>			CITY-ST-ZIP	LAKELAND FL 33813			CITY-ST-ZIP					STINSON, CHERYL L	<input type="checkbox"/>						STREET ADDRESS	274 CESARA ESTATES			STREET ADDRESS				CITY-ST-ZIP	MULBERRY FL 33860			CITY-ST-ZIP						<input type="checkbox"/>						STREET ADDRESS				STREET ADDRESS				CITY-ST-ZIP				CITY-ST-ZIP						<input type="checkbox"/>						STREET ADDRESS				STREET ADDRESS				CITY-ST-ZIP				CITY-ST-ZIP						<input type="checkbox"/>						STREET ADDRESS				STREET ADDRESS				CITY-ST-ZIP				CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X), 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: <i>Ronald C. Draper</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>9-14-05</i> <i>863-425-2495</i> <small>Daytime Phone</small>																																																																																																																																																																			