## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000000934

Entity Name: UNITY CHURCH OF PALM HARBOR, INC.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1960 TAMF PALM HAR	PARD BOR, FL 3468	33 US					
Current Mailing Address:				New Mailing Address:			
P O BOX 1 PALM HAR	863 BOR, FL 3468	32					
FEI Number:	59-3273551	FEI Number Applied For()	FEI Num	nber Not Appli	cable ( )	Certificate of Stat	tus Desired ( )
Name and	Address of C	urrent Registered Agent	:	Name and	Address of N	ew Registered	Agent:
FORTNER 19 BAY ST OZONA, FI		3					
The above in the State	named entity s of Florida.	ubmits this statement for t	he purpose of	changing it	s registered of	fice or registere	d agent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () SHOTTO, MARY 3200 SNADY RI CLEARWATER,	DGE ROAD		Title: Name: Address: City-St-Zip:	()	Change ( ) Additio	n
Title: Name: Address: City-St-Zip:	VP () HICKS, TOM 2882 CATHERIN CLEARWATER,			Title: Name: Address: City-St-Zip:	()	Change ( ) Additio	n
Title: Name: Address: City-St-Zip:	TRES () AKIN, GREG 3175 ENISGRO PALM HARBOR			Title: Name: Address: City-St-Zip:	()	Change ( ) Additio	n
Title: Name: Address: City-St-Zip:	SEC () BARBARA, KICH 690 HOCKORYN OLDSMAR, FL	NUT AVE		Title: Name: Address: City-St-Zip:	SEC (X) KAREN, RAGSD 1607 ANCROFT TRINITY, FL 34	CT	on
Title: Name: Address: City-St-Zip:	MISC () GRAY, RON 231 ALPINE CO PALM HARBOR			Title: Name: Address: City-St-Zip:	MISC (X) BARBARA, KICH 690 HICKORY A OLDSMAR, FL	VE	on
Title: Name: Address: City-St-Zip:	MISC () OLESON, GLEN 215 TAYLOR AV DUNEDIN, FL 3	/E		Title: Name: Address: City-St-Zip:	MISC (X) VIRGINIA, SPRA 1630 ARABIAN I PALM HARBOR,	_ANE	on

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: MARY ELLEN SHOTTO PRES 04/02/2009