

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001111 (4)

1. Corporation Name

UNITY-PROGRESSIVE THEOLOGICAL SEMINARY, INC.



Principal Place of Business

Mailing Address

2465 NURSERY ROAD
CLEARWATER FL 34624

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CLEARWATER FL 34624

3. Date Incorporated or Qualified
03/04/1993

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3176494

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

23

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24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIGDON, R M
2465 NURSERY ROAD
CLEARWATER FL 34624

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COHENOUR, GWEN H
STREET ADDRESS 2301 WILLIAMS DRIVE
CITY-ST-ZIP CLEARWATER FL 34624 ☐ DELETE

1.1 TITLE D
1.2 NAME CARNES, JR. IRA J.
1.3 STREET ADDRESS 1268 ROBINHOOD LANE
1.4 CITY-ST-ZIP DUNEDIN, FL 34698 ☐ Change ☒ Addition

TITLE SD
NAME TAFELSKI, JUDITH R
STREET ADDRESS 303 6TH AVENUE
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635 ☐ DELETE

2.1 TITLE D
2.2 NAME HOPPER, JEANNE S.
2.3 STREET ADDRESS 489 HARBOR DRIVE N.
2.4 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 34635 ☐ Change ☒ Addition

TITLE D
NAME EMERALD, CHARMAINE E
STREET ADDRESS POST OFFICE BOX 1212
CITY-ST-ZIP GRASS VALLEY CA 95945 ☐ DELETE

3.1 TITLE D
3.2 NAME Emerald, Charmaine E.
3.3 STREET ADDRESS 16495 Lake Vera Rd.
3.4 CITY-ST-ZIP Nevada City, CA 95959 ☐ Change ☐ Addition

TITLE VTD
NAME SPICER, H J
STREET ADDRESS 1465 SATSUMA AVENUE
CITY-ST-ZIP CLEARWATER FL 34624 ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MAYS, BLAINE C
STREET ADDRESS 5003 EAST BROADWAY
CITY-ST-ZIP MESA AZ 85206 ☐ DELETE

5.1 TITLE 500001811825
5.2 NAME -05/07/96--01125--033
5.3 STREET ADDRESS ***61.25
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gwen H. Cohenour*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, '96 (213) 536-3001
Date Daytime Phone #

CR2E037 (12/95)