

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

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002413

1. Entity Name

UNITY NEW TESTAMENT CHURCH OF GOD, INC.



Principal Place of Business

4541 N.W. 36TH STREET
LAUDERDALE LAKES FL 33319

Mailing Address

4541 N.W. 36TH STREET
LAUDERDALE LAKES FL 33319



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

Zip

Country

Zip

Country

4. FEI Number

65-0496076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	P	<input type="checkbox"/> Delete
NAME	COULSON, REV MICHAEL	
STREET ADDRESS	6520 NW 44TH COURT	
CITY-STATE-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOKAL, HIRAM	
STREET ADDRESS	3900 NW 47 AVE	
CITY-STATE-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMPSON DAVIS, JOYE	
STREET ADDRESS	911 SW 70TH WAY	
CITY-STATE-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, LESLIE	
STREET ADDRESS	7474 NW 48TH CT	
CITY-STATE-ZIP	LAUDERHILL FL 33319	
TITLE	AD	<input type="checkbox"/> Delete
NAME	MOTHERSILL, ROY	
STREET ADDRESS	5401 S.W. 12TH STREET, APT. C-205	
CITY-STATE-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael Coulson* **MICHAEL Coulson** 7-22-05 954-731-4509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR