

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 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

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-NP CR2E037 (11/05)

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000418158  
02/13/06-80085-003 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
P  
COULSON, REV MICHAEL  
6520 NW 44TH COURT  
LAUDERHILL, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
D  
BOOKAL, HIRAM  
3900 NW 47 AVE  
LAUDERDALE LAKES, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
S  
SIMPSON DAVIS, JOYE  
911 SW 70TH WAY  
NORTH LAUDERDALE, FL 33068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
D  
SIMON, LESLIE  
7474 NW 48TH CT  
LAUDERHILL, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
AD  
MOTHERSILL, ROY  
5401 S.W. 12TH STREET, APT. C-205  
NORTH LAUDERDALE, FL 33068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Bishop Michael Coulson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-06 954-731-4500  
Date Daytime Phone #