


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90015 010 ****61.25

DOCUMENT # N94000005586 1. Entity Name A UNIFYING MOVEMENT, INC.					
Principal Place of Business 4259 CARDINAL BLVD 4259 PORT ORANGE, FL 32127 US				Mailing Address 4259 CARDINAL BLVD PORT ORANGE, FL 32127 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3279087	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ORTIZ, JOHN J 4259 CARDINAL BLVD. 4259 Cardinal Blvd PORT ORANGE, FL 32127				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHAELS, SUE W		NAME		
STREET ADDRESS	4709 DILLINGHAM COURT		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH, NC 27604		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHUNNY, SUSAN		NAME		
STREET ADDRESS	229 F ST		STREET ADDRESS		
CITY-ST-ZIP	SILVER CITY, NM 88061		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTIZ, JOHN		NAME		
STREET ADDRESS	4259 CARDINAL BOULEVARD 4259 Card Blvd		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTRELL, ZELDA		NAME		
STREET ADDRESS	PO BOX 194		STREET ADDRESS		
CITY-ST-ZIP	FORT DEFIANCE, AZ 86504		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENSON, LARRY		NAME		
STREET ADDRESS	4204 NEW BRIGHTON DR		STREET ADDRESS		
CITY-ST-ZIP	APEX, NC 27502		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIRST, JEAN		NAME		
STREET ADDRESS	866 EBB P.BAY RD CARLTON PLACE		STREET ADDRESS		
CITY-ST-ZIP	ON-RR, P1 Canada		CITY-ST-ZIP		

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 *Rev. Sue W. Michaels, Rev. Sue H. Michaels* 8/16/07 919-326-1071