2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000396

Entity Name: UNITY CHRISTIAN CENTER, INC.

FILED Jul 07, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
	ST TERRACE LD BEACH, FL 33441			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	THWEST 15TH COURT D BEACH, FL 33060			
In accordan	: 65-0602653 FEI Number Applied For () ice with s. 607.193(2)(b), F.S., the corporation did r	·	l (X)	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:		
	ETHA V THWEST 15TH COURT D BEACH, FL 33060 US			
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or	or both,	
SIGNATUI				
	Electronic Signature of Registered A	gent Date		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTO	
Title: Name: Address: City-St-Zip:	PD () Delete OATTS, LETHA V 208 NORTHWEST 15TH COURT POMPANO BEACH, FL 33060	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	V () Delete JACKSON, JANNIE 1522 N.W. 6TH AVENUE POMPANO BEACH, FL 33060	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	V () Delete JORDAN, SAMUEL 7541 NW 16TH ST PLANTATION, FL 33313	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	T () Delete OATTS-BYNES, SHARON 360 NW 19TH ST POMPANO BEACH, FL 33060	Title: TC (X) Change () Addition Name: OATTS-BYNES, SHARON Address: 360 NW 19TH ST City-St-Zip: POMPANO BEACH, FL 33060		
Title: Name: Address: City-St-Zip:	TC () Delete WILSON-OATTS, KIMBERLY 208 NW 19TH ST POMPANO BEACH, FL 33060	Title: T (X) Change () Addition Name: WILSON-OATTS, KIMBERLY Address: 208 NW 19TH ST City-St-Zip: POMPANO BEACH, FL 33060		
Title: Name: Address: City-St-Zip:	S () Delete NEAL, TERRY 4464 NW 92ND ST SUNRISE, FL 33351	Title: () Change () Addition Name: Address: City-St-Zip:		

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: SHARON OATTS-BYNES T 07/07/2008