2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N95000000396

Entity Name: UNITY CHRISTIAN CENTER, INC.

Current Principal Place of Business:

169 SW 1ST TERRACE
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

208 NORTHWEST 15TH COURT
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0602653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OATTS, LETHA V
208 NORTHWEST 15TH COURT
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	OATTS, LETHA V	
Address:	208 NORTHWEST 15TH COURT	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	V	( ) Delete
Name:	JACKSON, JANNIE	
Address:	1522 N.W. 6TH AVENUE	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	V	( ) Delete
Name:	JORDAN, SAMUEL	
Address:	7541 NW 16TH ST	
City-St-Zip:	PLANTATION, FL 33313	
Title:	TC	( ) Delete
Name:	OATTS-BYNES, SHARON	
Address:	360 NW 19TH ST	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	T	(X) Delete
Name:	WILSON-OATTS, KIMBERLY	
Address:	208 NW 19TH ST	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	S	( ) Delete
Name:	NEAL, TERRY	
Address:	4464 NW 92ND ST	
City-St-Zip:	SUNRISE, FL 33351	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TS	(X) Change ( ) Addition
Name:	OATTS-BYNES, SHARON	
Address:	360 NW 19TH ST	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 TS 04/29/2009

Electronic Signature of Signing Officer or Director — Date