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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001278 (9)

1. Corporation Name

UNITY CHURCH IN CHRIST, INC.



Principal Place of Business 1377 CROSS CREEK CIR TALLAHASSEE FL 32301	Mailing Address 1377 CROSS CREEK CIR TALLAHASSEE FL 32301-3662
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3. Date Incorporated or Qualified 03/16/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 51-0246488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WORTH, NANCY K REV. 2817 NEUCHATEL DR. TALLAHASSEE FL 32303	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Nancy K. Worth **NANCY K. WORTH** **CO-MINISTER** **4/8/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WORTH, NANCY K REV. 2817 NEUCHATEL DR. TALLAHASSEE FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WUSSLER, LEWIS C 1043 WINFIELD FOREST DR. TALLAHASSEE FL 32311	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRYMAN, CATHY V RT. 35, BOX 10088 TALLAHASSEE FL 32310	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GRAHAM, PHYLLIS 1101 BROWNING DR. TALLAHASSEE FL 32308	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALEXANDER, LAURIE J 4527 BELLAROSE ST. WEST TALLAHASSEE FL 32310	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT CLARK, WILMA 308 N. DELLVIEW DR. TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/TR WUSSLER, LEWIS C. 1043 WINFIELD FOREST DR. TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T/TR GRAHAM, PHYLLIS 1101 BROWNING DR. TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S/TR ALEXANDER, LAURIE J 4527 BELLAROSE ST. WEST TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V/TR BARBARA ADAMS 1519 BIGSKY WAY TALLAHASSEE, FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TR BARBARA NAMEY 1125 WINIFRED DR. TALLAHASSEE, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TR JANE RICE 1833 HALSTEAD BLVD., SUITE 212 TALLAHASSEE, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [Signature] **LAURIE J ALEXANDER** **4/11/97**

CR2E037 (9/96)

Continued

13. TR

WORTH, NANCY K. REV.

2617 NEUCHÂTEL DR.

TALLAHASSEE, FL 32303

☒ change

TR

WORTH, WILLIAM E. REV.

2617 NEUCHÂTEL DR.

TALLAHASSEE, FL 32303

☒ addition