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FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 03/16/1995	
4. FEI Number 51-0246488	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PTR <input checked="" type="checkbox"/> DELETE
NAME	WUSSLER, LEWIS C.
STREET ADDRESS	1043 WINFIELD FOREST DRIVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	TTR <input type="checkbox"/> DELETE
NAME	GRAHAM, PHYLLIS
STREET ADDRESS	1101 BROWNING DR
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	STR <input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, LAURIE J.
STREET ADDRESS	4527 BELLAROSE STREET WEST
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, PHYLLIS
STREET ADDRESS	1101 BROWNING DR.
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, LAURIE J
STREET ADDRESS	4527 BELLAROSE ST. WEST
CITY-ST-ZIP	TALLAHASSEE FL 32310
TITLE	TR <input type="checkbox"/> DELETE
NAME	RICE, JANE
STREET ADDRESS	1833 HALSTEAD BLVD., SUITE 212
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32308
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400002540264
5.3 STREET ADDRESS	-05/29/98--01011--009
5.4 CITY-ST-ZIP	***\$1.25
6.1 TITLE	V/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	32308

14. I 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]* DATE: **5/12/98**

CR2E037 (10/97)



UNITY CHURCH IN CHRIST

1377 Cross Creek Circle • Tallahassee, FL 32301

(850) 656-1678 Fax: (850) 656-9157 E-Mail: unitycic@aol.com

Nancy & Bill Worth, Co-Ministers

ADDITIONAL OFFICERS AND TRUSTEES:

T/Tr

**George Schmidt
8355 Springhill Rd.
Tallahassee, FL 32310**

S/Tr

**Earnest Mathis Jr.
3118 Hotchkiss Lane
Tallahassee, FL 32303**

Tr

**Rev. Nancy Worth
2617 Neuchatel Drive
Tallahassee, FL 32303**

Tr

**Rev. Bill Worth
2617 Neuchatel Drive
Tallahassee, FL 32303**

Tr

**Barbara Adams
1510 Big Sky Way
Tallahassee, FL 32311**

Tr

**Diane Hunt
5096 Easy Street
Tallahassee, FL 32303**