

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000005185 (2)

1. Corporation Name
UNITY-PROGRESSIVE CHURCH OF TRUTH, INC.



Principal Place of Business Mailing Address
12108 N 56TH ST SUITE D TAMPA FL 33617 **12108 N 56TH ST SUITE D TAMPA FL 33617**

3. Date Incorporated or Qualified 10/24/1995	3a. Date of Last Report
4. FEI Number 59-3348038	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	

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.

9. Name and Address of Current Registered Agent
RANDOLPH, DIETER C
12108 N 56TH ST
SUITE D
TAMPA FL 33617

10. Name and Address of New Registered Agent
 81 Name **Randolph, Dieter C**
 82 Street Address (P.O. Box Number is Not Acceptable)
1497 Rosee Tree Court
 83
 84 City **Clearwater** FL 85 Zip Code **34624**

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 *Dieter C Randolph* **Dieter C Randolph** DATE **7/24/96**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	RANDOLPH, DIETER C	
STREET ADDRESS	6035 TRELIS CT	
CITY-ST-ZIP	TAMPA FL 33514	
TITLE	DP	<input type="checkbox"/>
NAME	ALLEN, DIANNE	
STREET ADDRESS	12207 SUN VISTA COURT E	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	DV	<input type="checkbox"/>
NAME	SCOTT, MATTHEW	
STREET ADDRESS	23033 BELLFLOWER PL	
CITY-ST-ZIP	LAND O LAKES FL 34839	
TITLE	DS	<input checked="" type="checkbox"/>
NAME	HATTON, KYM I	
STREET ADDRESS	9317 N OAKLEAF AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	DT	<input type="checkbox"/>
NAME	PHELAN, NANCY	
STREET ADDRESS	1404 DASHWOOD CT	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Randolph, Dieter C		
1.3 STREET ADDRESS	1497 Rosee Tree Ct.		
1.4 CITY-ST-ZIP	Clearwater FL 34624		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	DS/T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Phelan, Nancy		
5.3 STREET ADDRESS	1404 Dashwood Ct		
5.4 CITY-ST-ZIP	Brandon, FL 33510		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dieter C Randolph* **Dieter C Randolph** DATE **7/24/96** (813) 985-1992
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)