

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000006021 (8)

1. Corporation Name

UNITY SOUTHERN BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

3824 SPRINGFIELD BOULEVARD
JACKSONVILLE FL 32206

P.O. BOX 2486
JACKSONVILLE FL 32203-2486

3. Date incorporated or Qualified

12/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3336796

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

• POLLOCK, GLENN J
• 3824 SPRINGFIELD BOULEVARD
JACKSONVILLE FL 32206

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME POLLOCK, GLENN J
STREET ADDRESS 3824 SPRINGFIELD BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32206

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME Pollock, Glenn J.
1.3 STREET ADDRESS 3824 Springfield Blvd
1.4 CITY-ST-ZIP Jacksonville FL 32206

TITLE S ☐ DELETE

NAME MCBRIDE, VIVIAN T
STREET ADDRESS 3824 SPRINGFIELD BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32206

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME McBride, Vivian T.
2.3 STREET ADDRESS 8306 Tubman court
2.4 CITY-ST-ZIP Jacksonville FL 32209

TITLE S ☐ DELETE

NAME POLLOCK, JUANA
STREET ADDRESS 3824 SPRINGFIELD BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32206

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Pollock, Juana
3.3 STREET ADDRESS 3824 Springfield Blvd
3.4 CITY-ST-ZIP Jacksonville FL 32206

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 100001854821
5.3 STREET ADDRESS -06/07/96--01009--011
5.4 CITY-ST-ZIP ***61.25

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: *Glenn J. Pollock* Glenn J. Pollock

4-29-96 (904)632-4806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)