

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000001241 (6)

1. Corporation Name

UNITY IN CHRIST MINISTRY, INC.



Principal Place of Business

Mailing Address

625 WEST UNION STREET  
SUITE D  
JACKSONVILLE FL 32202

625 WEST UNION STREET  
SUITE D  
JACKSONVILLE FL 32202-4764

2. Principal Place of Business

21 122 Louis Broer RD

Suite, Apt. #, etc.

22

City & State

23 EAST PALATKA FLORIDA

Zip

24 32131

Country

25 ~~PO BOX~~ USA

2a. Mailing Address

26 PO BOX 1087

Suite, Apt. #, etc.

27

City & State

28 EAST PALATKA FLORIDA

Zip

29 32131

Country

30 USA

3. Date Incorporated or Qualified

03/05/1996

3a. Date of Last Report

4. FEI Number

59-3366682

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

☐

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CRAWFORD, JOHN R  
225 WATER STREET  
SUITE 900  
JACKSONVILLE FL 32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SMALL, LARRY  
STREET ADDRESS 2216 ALBURY COURT  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE D ☐ DELETE

NAME WILLIAMS, GEORGE  
STREET ADDRESS 735 AMBER JACKLIN DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32233

TITLE D ☐ DELETE

NAME SMALL, LINDA  
STREET ADDRESS 2216 ALBURY COURT  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE D ☐ DELETE

NAME WILSON, DON  
STREET ADDRESS 355 NW BEVEW AVENUE  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D ☐ DELETE

NAME SMITH, DEBRA  
STREET ADDRESS 2401 ALANDALE  
CITY-ST-ZIP MACON GA 31211

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SMALL, LARRY J.  
1.3 STREET ADDRESS 1053 SR 100  
1.4 CITY-ST-ZIP FLORAHOME FLORIDA \* 32140

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SMALL, LINDA  
3.3 STREET ADDRESS 1053 SR 100  
3.4 CITY-ST-ZIP FLORAHOME FLORIDA 32140

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 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.

CR2E037 (9/96)