

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

122 LOUIS BROER RD
E PALATKA FL 32131
US

PO BOX 1087
SUITE D
E PALATKA FL 32131
US

FILED

28 JUN -5 PM 1:52

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 1053 SR 100

Suite, Apt. #, etc.

22

City & State

23 FLORAHOME FL

Zip

24 32140

Country

25 PUTNAM

2a. Mailing Address

26 PO Box 345

Suite, Apt. #, etc.

27

City & State

28 FLORAHOME FL

Zip

29 32140-0345

Country

30 PUTNAM

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/05/1996

4. FEI Number

593444555

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

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
NAME SMALL, LARRY
STREET ADDRESS 1053 SR 100
CITY-ST-ZIP FLORAHOME FL 32140

☐ DELETE

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

☐ DELETE

TITLE D
NAME SMALL, LINDA
STREET ADDRESS 1053 SR 100
CITY-ST-ZIP FLORAHOME FL 32140

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

LARRY J SMALL

5-31-6-11

CP2E037 (10/97)