

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000001626

FILED  
Jun 01, 2009  
Secretary of State

**Entity Name:** UNITY CHRISTIAN CHURCH, INCORPORATED

**Current Principal Place of Business:**

2135 WEST 43RD STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

2135 WEST 43RD STREET  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 59-3336638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, RAY G  
10245 WAHENBERG CT G  
JACKSONVILLE, FL 32221 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RAY JONES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JONES, RAY G  
Address: 10245 WATTENBERG CT G  
City-St-Zip: JACKSONVILLE, FL 32221

Title: T ( ) Delete  
Name: WILLIAM, JOHN  
Address: 6648 JUNIPER CK DR  
City-St-Zip: JACKSONVILLE, FL 32244

Title: T ( ) Delete  
Name: ROBINSON, EUGENE  
Address: 699 MARTIN LAKES DR. E.  
City-St-Zip: JACKSONVILLE, FL 32220

Title: T ( ) Delete  
Name: COCKFIELD, DEBBIE  
Address: 2135 W 43RD STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T ( ) Delete  
Name: MINCEX, TOMMY  
Address: 4063 SUNBEAMROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: T (X) Delete  
Name: ROBINSON, GAIL  
Address: 699 MARTIN LAKES DR. E.  
City-St-Zip: JACKSONVILLE, FL 32220

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C (X) Change ( ) Addition  
Name: STANSELL, TRACEY S CLERK  
Address: 11501 HARTS ROAD #1902  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T (X) Change ( ) Addition  
Name: ROBINSON, GAIL  
Address: 699 MARTIN LAKES DR. E  
City-St-Zip: JACKSONVILLE, FL 32220

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY JONES

P

06/01/2009

Electronic Signature of Signing Officer or Director

Date