

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90049 037 ****61.25

DOCUMENT # N97000000882			
1. Entity Name UNITY OF BONITA SPRINGS CHRISTIAN CHURCH, INC.			
Principal Place of Business 8951 BONITA BEACH RD BONITA SPRINGS FL 34135		Mailing Address PMB 356 8951 BONITA BEACH RD., #5D BONITA SPRINGS FL 34135 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

54009114



MOORE CR2E037 (11/03)

4. FEI Number 65-0554200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOCKEY, SAUNDRA 28062 OAK LANE BONITA SPRINGS FL 34135		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: CARTER, MAXINE STREET ADDRESS: 4324 SANETWORY WAY CITY-ST-ZIP: BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: Ann Dungan STREET ADDRESS: 297 Donora Blvd. CITY-ST-ZIP: FT Myers Beach, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DUNJAM, ANN STREET ADDRESS: 297 DONORA BLVD. CITY-ST-ZIP: FORT MYERS BEACH FL 33931	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: BOSCO, WILLIAM STREET ADDRESS: 11840 EL DORADO DRIVE CITY-ST-ZIP: BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JONES, ELVIN STREET ADDRESS: 27328 BONEBONNIERE DR. CITY-ST-ZIP: BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LOCKEY, SANDRA STREET ADDRESS: 28062 OAK LANE CITY-ST-ZIP: BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: VALENTINE, SUZY STREET ADDRESS: 3055 RIVIERE DR. CITY-ST-ZIP: NAPLES FL 34103	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Locke* **2/15/04** **839-948-2771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #