2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 02, 2005 8:00 am Secretary of State DOCUMENT # N97000000882 05-02-2005 90444 036 ****61.25 UNITY OF BONITA SPRINGS CHRISTIAN CHURCH. Mailing Address Principal Place of Business PMB 356 8951 BONITA BEACH RD., #5D BONITA SPRINGS FL 34135 8951 BONITA BEACH RD BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address 28285 Imperial St 28285 Suite, Apt. #, etc CR2E037 (10/04) City & State BouiTA City & State Applied For 4. FEI Number 65-055420 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name unaan LOCKEY, SAUNDRA Box Number is Not Agreptable 28062 OAK LANE **BONITA SPRINGS FL 34135** City 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. the obligations of registered agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Defete TITLE Change ☐ Addition CARTER MAXINE NAME NAME 4324 SANETWORY WAY STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition DUNGAN, ANN NAME NAME 297 DONERA BLVD. STREET ADDRESS STREET ADDRESS FORT MYERS BEACH FL 33931 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BOSCO, WILLIAM NAME 11840 EL DORADO DRIVE STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34135 CITY-ST-7IP CITY-ST-7iP TITE E ☐ Delete TITLE ☐ Change Addition JONES, ELVIN NAME NAME 27328 BONEBONNIERE DR. STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-7/P Delete Addition TITLE ☐ Change LOCKEY, SANDRA Kessler, Ron NAME 28062 OAK LANE 27601 HAIR Dr STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition VALENTINE, SUZY NAME NAME 3055 RIVIERE DR. STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-Z(P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

SIGNING OFFICER OR DIRECTOR

FILED