


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90011 035 ****62.25

DOCUMENT # N97000000882

1. Entity Name
 UNITY OF BONITA SPRINGS CHRISTIAN CHURCH, INC.




Principal Place of Business
 28285 IMPERIAL STREET
 BONITA SPRINGS, FL 34135

Mailing Address
 28285 IMPERIAL STREET
 BONITA SPRINGS, FL 34135 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01312006 Chg-NP CR2E037 (11/05)

4. FEI Number
 65-0554206

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNGAN ANN
 297 DANORA BLVD
 FORT MYERS BEACH, FL 33931

7. Name and Address of New Registered Agent

Name
 PHIL SCHLAFER

Street Address (P.O. Box Number is Not Acceptable)
 28285 IMPERIAL STREET

City
 BONITA SPRINGS FL

Zip Code
 34135

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 *Phil Schlaf* DATE 2/23/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, MAXINE 4324 SANETWORY WAY BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNGAN, ANN 297 DONORA BLVD. FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOSCO, WILLIAM 11840 EL DORADO DRIVE BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ELVIN 27328 BONEBONNIERE DR. BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, RON 27601 HALE DR BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, SUZY 3055 RIVIERE DR. NAPLES, FL 34103	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOYCE LUCIANI 12227 BOX 21068 DRIVE BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARGARET LOSSARD 26250 IMPERIAL HARBOR BLVD BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MAE CUTLER 26432 WILLIAMSBURG DRIVE BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: *Phil Schlaf* DATE 2/23/06 DAYTIME PHONE # 239-947-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR