

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90038 006 ****61.25



DOCUMENT # N97000000882
 1. Entity Name
UNITY OF BONITA SPRINGS CHRISTIAN CHURCH, INC.

Principal Place of Business Mailing Address
 28285 IMPERIAL STREET ~~STREET~~ **PARKWAY** 28285 IMPERIAL STREET ~~STREET~~ **PARKWAY**
 BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
28285 IMPERIAL PARKWAY **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
BONITA SPRINGS, FL **BONITA SPRINGS, FL**
 Zip Country Zip Country
34135 **USA** **34135** **USA**

4. FEI Number Applied For
65-0554206 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHWASER
SCHWASER, PHIL
28285 IMPERIAL STREET
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
SAME
 City State Zip Code
 FL **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 Schwaser (MINISTER) DATE 1/21/07
Signature, typed or printed name of registered agent (if applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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-STATE-ZIP	D-S LUCIAWI, JOYCE 12227 FOX RIDGE DRIVE BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	M LEGGARD, MARGERET 26250 IMPERIAL HARBOR BLVD BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	W P BOSCO, WILLIAM 11840 EL DORADO DRIVE BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	M T CUTLER, MAE 26432 WILLIAMSBORO DRIVE BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	B KESSLER, BON 27601 HALE DR BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	B V VALENTINE, SUZY 3055 RIVIERE DR. 10971 RAGSDALE ST. NAPLES FL 34103 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	O MAISCH, ANN 297 DONORA BLVD FT. MYERS BEACH, FL 33931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	O SPAULDING, ROBERT 11332 SAN SEBASTIAN LANE BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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 Section 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: William Bosco DATE: 2/7/07 DAYTIME PHONE #: 239-498-8172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)