

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90024 033 ****61.25

DOCUMENT # N9700000882

1. Entity Name

UNITY OF BONITA SPRINGS CHRISTIAN CHURCH, INC.



Principal Place of Business

28285 IMPERIAL PARKWAY
 BONITA SPRINGS FL 34135

Mailing Address

28285 IMPERIAL PARKWAY
 BONITA SPRINGS FL 34135
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

City & State

4. FEI Number
 65-0554206

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLASFER, PHIL
 28285 IMPERIAL PARKWAY
 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

Philip S. Schlafer
 Signature, typed or printed name of registered agent and title if applicable.

PHILIP SCHLASFER
 (NOTE: Registered Agent signature required when constituting)

1/28/08
 DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUCIAMI, JOYCE	
STREET ADDRESS	12227 FOX RIDGE DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAISCH, ANN	
STREET ADDRESS	287 DONDRA BLVD	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOSCO, WILLIAM	
STREET ADDRESS	11840 EL DORADO DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDAULDINE, ROBERT	
STREET ADDRESS	11232 SAN SEBASTIAN LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CUTLER, MAE	
STREET ADDRESS	26432 WILLIAMSBOBO DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VALENTINE, SUZY	
STREET ADDRESS	10971 RAGEDALE ST	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND BALTER	
STREET ADDRESS	576 12th AVENUE SOUTH	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN MAISCH	
STREET ADDRESS	287 DONDRA BLVD	
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVE HUNTER	
STREET ADDRESS	1613 WATEREDGE DR	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE LUCIAMI	
STREET ADDRESS	12227 FOX RIDGE DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSEVERANDA FIGUEROA	
STREET ADDRESS	22241 FOUNTAIN LAKES BLVD, #149	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELVIN JONES	
STREET ADDRESS	27328 BOULBONNIER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	

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:

Philip S. Schlafer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP SCHLASFER

1/28/08 239-947-3100