

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91353 008 \*\*\*\*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

**8951 BONITA BEACH RD  
STE 640  
BONITA SPRINGS FL 34135  
US**

2. Principal Place of Business

3. Mailing Address

**PMB 356  
8951 Bonita Beach Rd. # 640**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0554200**

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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  Delete  
NAME **D SHEEHAN, LLOYD**  
STREET ADDRESS **3621 E TAMiami TRAIL**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE  Change  Addition  
NAME **BARBER, Maxine**  
STREET ADDRESS **4324 Shattuck Way**  
CITY-ST-ZIP **Bonita Springs FL 34134**

TITLE  Delete  
NAME **D LOCKEY, SANDRA**  
STREET ADDRESS **64 4TH ST**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE  Change  Addition  
NAME **Ann Dunham**  
STREET ADDRESS **297 Donora Blvd**  
CITY-ST-ZIP **FT MYERS Beach FL 33931**

TITLE  Delete  
NAME **V BOSCO, WILLIAM**  
STREET ADDRESS **11840 EL DORADO DRIVE**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T THOMAS, WILLIAM**  
STREET ADDRESS **1350 YESICH ANN CIRCLE**  
CITY-ST-ZIP **NAPLES FL 34110**

TITLE  Change  Addition  
NAME **Elvin Jones**  
STREET ADDRESS **27328 Bonbonniere Dr**  
CITY-ST-ZIP **Bonita Springs FL 34135**

TITLE  Delete  
NAME **D LOCKEY, SANDRA**  
STREET ADDRESS **28062 OAK LANE**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **Suzy Valentine**  
STREET ADDRESS **3056 Riviere Dr**  
CITY-ST-ZIP **Naples FL 34103**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Lockey*

4/24/03 239-948-2771

CR2E037 (10/02)