

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001817

FILED
May 06, 2004
Secretary of State**Entity Name:** UNITY CHRISTIAN FELLOWSHIP MINISTRY, INC.**Current Principal Place of Business:**1125 CESERY BLVD., #3
JACKSONVILLE, FL 32211**New Principal Place of Business:**2667 EDISON AVENUE
JACKSONVILLE, FL 32254**Current Mailing Address:**P.O. BOX 2333
JACKSONVILLE, FL 32203 US**New Mailing Address:****FEI Number:** 59-3416829 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JONES, FLOYD B
4743 KERNAN MILL LN. E.
JACKSONVILLE, FL 32224 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: JONES, FLOYD B
Address: 4743 KERNAN MILL LANE EAST
City-St-Zip: JACKSONVILLE, FL 32224**Title:** VSD () Delete
Name: JONES, TARRA F
Address: 4743 KERNAN MILL LANE EAST
City-St-Zip: JACKSONVILLE, FL 32224**Title:** TD () Delete
Name: CONNER, CHONITA
Address: 4743 KERNAN MILL LANE EAST
City-St-Zip: JACKSONVILLE, FL 32224**Title:** T () Delete
Name: DINKINS, GERALD TRUSTEE
Address: 3934 RIBAULT CT.
City-St-Zip: JACKSONVILLE, FL 32208**Title:** T (X) Delete
Name: LEVANT, MICHAEL E TRUSTEE
Address: P. O. BOX 4122
City-St-Zip: JACKSONVILLE, FL 32203**Title:** T () Delete
Name: GOODMAN, SHENAVIAN F TRUSTEE
Address: 615 QUAIL LANE
City-St-Zip: MACCLENNY, FL 32063**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOYD B. JONES

P

05/06/2004

Electronic Signature of Signing Officer or Director_____
Date