

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001817

FILED
Apr 30, 2008
Secretary of State

Entity Name: UNITY CHRISTIAN FELLOWSHIP MINISTRY, INC.

Current Principal Place of Business:

2270 COMMONWEALTH
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2378
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 59-3416829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, FLOYD B
13810 SUTTON PARK DRIVE NORTH
1223
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: 13810 SUTTON PARK DRIVE NORTH #1223
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VSD () Delete
Name: JONES, TARRA F
Address: 13810 SUTTON PARK DRIVE NORTH #1223
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: T () Delete
Name: CONNER, CHONITA TRUSTEE
Address: 1545 VAN BUREN STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: T () Delete
Name: WRIGHT, SALLIE G TRUSTEE
Address: 7740 SOUTHSIDE BLVD # 2601
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: T () Delete
Name: REED, JOHN DIR
Address: 2667 EDISON AVENUE
City-St-Zip: JACKSONVILLE, FL 32254 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 BERNARD JONES

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date