2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001817

FILED Feb 09, 2009 Secretary of State

Entity Name: UNITY CHRISTIAN FELLOWSHIP MINISTRY, INC.

Current Principal Place of Business: New Principal Place of Business: 2270 COMMONWEALTH JACKSONVILLE, FL 32209 **Current Mailing Address: New Mailing Address:** P.O. BOX 2378 JACKSONVILLE, FL 32203 US FEI Number: 59-3416829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, FLOYD B 13810 SUTTON PARK DRIVE NORTH JACKSONVILLE, FL 32224 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JONES, FLOYD B Name: Name: 13810 SUTTON PARK DRIVE NORTH #1223 Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: Title: VSD () Delete Title: VD/S (X) Change () Addition Name: JONES, TARRA F Name: JONES, TARRA F Address: 13810 SUTTON PARK DRIVE NORTH #1223 Address: 13810 SUTTON PARK DRIVE NORTH #1223 City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: JACKSONVILLE, FL 32224 US Title: () Delete Title: () Change () Addition CONNER, CHONITA TRUSTEE Name: Name: 1545 VAN BUREN STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32206 US City-St-Zip: (X) Change () Addition Title: () Delete Title: DIR WRIGHT, SALLIE G TRUSTEE Name: Name: KENT, TODD D DIR 7740 SOUTHSIDE BLVD # 2601 8024 SOUTHSIDE BLVD #31 Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 US City-St-Zip: JACKSONVILLE, FL 32256 US Title: () Delete Title: (X) Change () Addition REED, JOHN DIR COURTENY, WILLIS DIR Name: Name: 2667 EDISON AVENUE 2667 EDISON AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 US City-St-Zip: JACKSONVILLE, FL 32254 US Title: () Delete Title: () Change (X) Addition WILLIAMS, TABITH Name: Name: Address: Address: 4743 KERNAN MILL LN E JACKSONVILLE, FL 32224 City-St-Zip: 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 B. JONES PD 02/09/2009