

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001817

FILED  
Apr 05, 2010  
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  
**Name:** JONES, FLOYD B  
**Address:** 13810 SUTTON PARK DRIVE NORTH #1223  
**City-St-Zip:** JACKSONVILLE, FL 32224 US

**Title:** VD/S  
**Name:** JONES, TARRA F  
**Address:** 13810 SUTTON PARK DRIVE NORTH #1223  
**City-St-Zip:** JACKSONVILLE, FL 32224 US

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

**Title:** DIR  
**Name:** KENNEDY, JAMES A DIR  
**Address:** 2331 ARDMORE COURT  
**City-St-Zip:** JACKSONVILLE, FL 32211 US

**Title:** DIR  
**Name:** COURTENY, WILLIS DIR  
**Address:** 2667 EDISON AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32254 US

**Title:** DIR  
**Name:** WILLIAMS, TABITH  
**Address:** 4743 KERNAN MILL LN E  
**City-St-Zip:** JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

**SIGNATURE:** FLOYD B. JONES

PD

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date