

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90076 023 ****70.00

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1. Corporation Name

UNITY GOSPEL CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

905 NW 68 PLACE
OCALA FL 34475

Mailing Address

905 NW 68 PLACE
OCALA FL 34475



2. Principal Place of Business

21 11230 N.W. 110th Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 905 N.W. 68 Pl.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/26/1998

4. FEI Number

59-3558592

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 **Readick, FLA.**

28 **OCALA, FLA.**

24 **32686** Country
USA

29 **34475** Country
USA

9. Name and Address of Current Registered Agent

TURNER, CRAIG W
2603 SE 17 STREET STE C
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **PULLINGS, ELIJAH**
STREET ADDRESS **905 NW 68 PLACE**
CITY-ST-ZIP **OCALA FL 34475**

TITLE **D** ☐ DELETE
NAME **PULLINGS, NORA**
STREET ADDRESS **905 NW 68 PLACE**
CITY-ST-ZIP **OCALA FL 34475**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **M LaTosha Pullings**
1.3 STREET ADDRESS **905 N.W. 68 Place**
1.4 CITY-ST-ZIP **OCALA, FLA. 34475**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **S/H NORMA J. HAMILTON**
2.3 STREET ADDRESS **6153 NW 68th Ave RO**
2.4 CITY-ST-ZIP **OCALA, FL 34482**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elijah M. Pullings 2/22/99 352-823-5623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)