NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800005729 1. Corporation Name

TRUE UNITY BAPTIST CHURCH, INCORPORATED E.C.

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90017 046 ****70.00

Principal Place of Business Mailing Address							
401 S, MARTIN LLITHER KING, JR. BLVD. 1123 HICKORY AVENUE DAYTONA BEACH FL 32114 SANFORD FL 32771							
-	lace of Business	2a. Mailing Address			Date Incorporated or Qualifed 09/27/1998		
21		26			4. FEI Number	- lan	olled For
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.			59 -3536452	L.,	Applicable
		City & State			5. Certificate of Status Desired	\$8.75 A	,
23					5. Certicate of Status Desired	Fee Re	
- Zip			Country	مع سميف	6. Election Campaign Financing	- \$5.00	· · · · · ·
24					Trust Fund Contribution 10. Name and Address of New Registere	Added to Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
IONICO O	TAND FOU 1	,					
JONES, STANLEY L 1123 HICKORY AVENUE			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
SANFORD			83			<u></u>	
Grad Grad	TE GETT.		84 (City		. 85 Zip C	ode
			1 1		F		
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 agen	t and trie / applicable. (NOTE: R	egistered Agent Sig	prature required w			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITUE	DP	☐ DELETE	1,1 TITLE			Change	☐ Addition
NAME	JONES, STANLEY L		1.2 NAME 1.3 STREET AD	00000			
STREET ADDRESS	1123 HICKORY AVE. SANFORD FL 32771		1.4 CITY-ST-2				
CITY-ST-ZIP	DV	☐ DELETE	2.1 TITLE			Change	Addition
NAME	JONES, CYNTHIA		2.2 NAME				
STREET ADDRESS	1123 HICKORY AVE.		2.3 STREET AD	ORES\$			
C/TY-ST-ZP	SANFORD FL 32771		2.4 CITY-ST-2	P			
TITLE	SD	☐ DELETE	3.1 TITLE			Change	Addition
NAME	TOLIVER, GRANT		3.2 NAME				
STREET ADORESS	650 MARCO STREET		3.3 STREET AD	ļ			
CITY-ST-ZIP	DAYTONA BEACH FL 32114 DT	☐ DELETÉ	3.4. CITY-57-2 4.1 TITLE	P		Change	Addition
NAME	DAVIS, BRENT		4. 2 NAME		- ·		
STREET ADDRESS	1400 CONTINENTAL DRIVE		4.3 STREET AD	ORESS			1
CITY-ST-ZIP	HOLLY HILL FL 32117		4.4 CITY-ST-23	l l			
TILE	D	DELETE	5.1 TITLE			Change	Addition
NAME	BRADLEY, LEANNA		52 NAME				Ì
STREET ADDRESS	136 BIG BEN DRIVE		5.3 STREET AD				
CITY-ST-ZIP	DAYTONA BEACH FL 32117	□ DELETE	5.4 C/TY-ST-Z) 6.1 TITLE	P .		☐ Char:ge	Addition
TITLE	•	☐ DETE IS	6.1 TITLE 6.2 NAME		-	□1 ⇔κα:ñα	
NAME STREET ADDRESS	•		6.3 STREET AD	DRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZI				
G:1-31-2/-			4				

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 eath; that I am an officer or director of the corporation or the receiver or Irustee 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.