

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90495 007 \*\*\*\*70.00

**DOCUMENT # N98000005729**

1. Entity Name

**TRUE UNITY BAPTIST CHURCH, INCORPORATED E.C.**

Principal Place of Business

401 S. MARTIN LUTHER KING, JR. BLVD.  
 DAYTONA BEACH FL 32114

Mailing Address

1123 HICKORY AVENUE  
 SANFORD FL 32771

2. Principal Place of Business

401 S. Martin Luther King Jr.  
 Suite, Apt. #, etc.  
 N/A.

3. Mailing Address

1123 Hickory Ave  
 Suite, Apt. #, etc.

City & State

Daytona Beach, FL  
 Zip 32114  
 Country USA

City & State

Sanford, FL  
 Zip 32771  
 Country USA

4. FEI Number

59-3536452

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, STANLEY L  
 1123 HICKORY AVENUE  
 SANFORD FL 32771

7. Name and Address of New Registered Agent

Name N/A (Same)  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JONES, STANLEY L	
STREET ADDRESS	1123 HICKORY AVE.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JONES, CYNTHIA	
STREET ADDRESS	1123 HICKORY AVE.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOLIVER, GRANT	
STREET ADDRESS	650 MARCO STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DAVIS, BRENT	
STREET ADDRESS	1400 CONTINENTAL DRIVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia Jones  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)