

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90027 013 ****70.00

DOCUMENT # *1198000005729*

1. Entity Name
True Unity Baptist Church, Incorporated
E.C.



DO NOT WRITE IN THIS SPACE

50055474

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
416 W. Euclid Avenue

3. Mailing Address
1123 Hickory Avenue

City & State
DeLand, Florida
Zip
32720
Country
Volusia

City & State
Sanford, Florida
Zip
32771
Country
SEMINOLE

4. FEI Number
59-3536452

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jones, Stanley L.
Street Address (P.O. Box Number is Not Acceptable)
1123 Hickory Avenue
City
Sanford, FL Zip Code
32771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DP Jones, Stanley L. (Pastor) 1123 Hickory Avenue Sanford, Florida 32771</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DV Jones, Cynthia 1123 Hickory Avenue Sanford, FL 32771</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD Toliver, Grant 650 Marco Street Daytona Beach, Florida 32114</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DT Jones, Sarah 148 N. Elliott Avenue Sanford, Florida 32771</i>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Cynthia Jones Cynthia Jones*

July 5, 2005

407/321-9075

CR2E037B (12/02)