

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90014 027 \*\*\*\*70.00

**DOCUMENT # N98000005729**

1. Entity Name

TRUE UNITY BAPTIST CHURCH, INCORPORATED E.C.



Principal Place of Business

416 W. EUCLID AVENUE  
DELAND FL 32720

Mailing Address

1123 HICKORY AVEUNE  
SANFORD FL 32771



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

JONES, STANLEY L  
1123 HICKORY AVENUE  
SANFORD FL 32771

Name

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. 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 must be used when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	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	JONES, SARAH	
STREET ADDRESS	148 N ELLIOTT AVE	
CITY-ST-ZIP	SANFORD FL 32771	
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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Stanley L. Jones*

6/29/08