


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90064 026 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000006011</b> 1. Corporation Name <b>FEDERATION OF INDEPENDENT UNITY CHURCHES, INC.</b>					
Principal Place of Business 3550 GALT OCEAN DRIVE SUITE 109 FORT LAUDERDALE FL 33308			Mailing Address 3550 GALT OCEAN DRIVE SUITE 109 FORT LAUDERDALE FL 33308		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/16/1998 4. FEI Number 65-0870614 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BISHOP, KATHLEEN A 3550 GALT OCEAN DRIVE SUITE 109 FORT LAUDERDALE FL 33308			10. Name and Address of New Registered Agent 81 Name 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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.1 TITLE P (b) 1.2 NAME Rev. Kathleen A. Bishop, Ph.D., Th.D. 1.3 STREET ADDRESS 3550 Galt Ocean Drive #109 1.4 CITY-ST-ZIP Fort Lauderdale, FL 33308 2.1 TITLE First VP (D.) 2.2 NAME Rev. William Wishart 2.3 STREET ADDRESS 3031 N. Ocean Blvd. #408 2.4 CITY-ST-ZIP Fort Lauderdale, FL 33308 3.1 TITLE Second VP (D.) 3.2 NAME Rev. William "Boz" Martyn 3.3 STREET ADDRESS 2332 Pebble Creek Road 3.4 CITY-ST-ZIP Winston-Salem, NC 27107 4.1 TITLE Secretary (D.) 4.2 NAME Barbara Charles Lee 4.3 STREET ADDRESS 2143 Discovery Circle W 4.4 CITY-ST-ZIP Deerfield Beach, FL 33442 5.1 TITLE Treasurer (D.) 5.2 NAME Rev. David Maloney 5.3 STREET ADDRESS 610 NE First Avenue Apt. 22 5.4 CITY-ST-ZIP Fort Lauderdale, FL 33304 6.1 TITLE 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:** *Kathleen A. Bishop* **Kathleen A. Bishop President** 954-566-9340  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)