

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002844 (6)
1. Corporation Name
ASSOCIATION OF BOARDS AND CONGREGANTS OF UNITY INCORPORATED



Principal Place of Business 12645 - 97TH STREET NORTH LARGO FL 34643	Mailing Address 12645 - 97TH STREET NORTH LARGO FL 33773-1215
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1996	3a. Date of Last Report
21	22	26	27	4. FEI Number 59-3386279	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PETERSEN, BETTE J 12645 - 97TH STREET NORTH LARGO FL 34643				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSEN, BETTE J	1.2 NAME	
STREET ADDRESS	12645 - 97TH STREET NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34643	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUEBNER, FRED	2.2 NAME	
STREET ADDRESS	1 BOOTH BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, LEWIS S	3.2 NAME	
STREET ADDRESS	7302 - 51ST TERRACE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, ED	4.2 NAME	
STREET ADDRESS	30 YAWL LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34618	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, ROBERT	5.2 NAME	
STREET ADDRESS	211 PASADENA AVENUE #108	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, ANDREA	6.2 NAME	
STREET ADDRESS	10599 - 125TH AVENUE N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34643	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: Fred Huebner VERED HUEBNER APR 27 1997 (813) 791-7732
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061747

CR2E037 (9/96)