
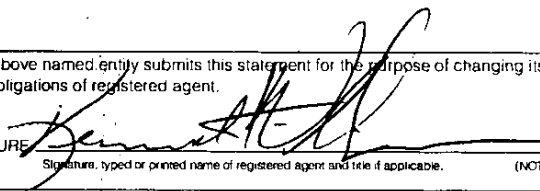
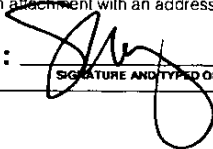


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90021 043 ****61.25

DOCUMENT # 705017			
1. Entity Name UNITY OF THE PALM BEACHES, INC.			
Principal Place of Business 1957 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401		Mailing Address 1957 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01192007		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-0914216		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACKSON, CHRISTOPHER H REV. 1957 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401		Name <u>Williamson, Kenneth C. REV</u> Street Address (P.O. Box Number is Not Acceptable) <u>1957 South Flagler Drive</u> City <u>West Palm Beach</u> FL Zip Code <u>33401</u>	
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 		Rev. Kenneth C. Williamson 06/21/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DONNELL, DAVID MR. 15665 SUNWARD STREET WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKEMY, SUSAN MS. 1037 SIENNA OAKS CIRCLE PALM BEACH GARDENS, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CULBERTSON, LINDA MRS. 6168 ROYAL BIRKDALE DRIVE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CULBERTSON, LINDA MRS. 6168 Royal Birkdale Dr Lake Worth, FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDERSON, RICK MR. 414 BEACH CURVE LANTANA, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON, RICK MR. 414 Beach Curve Lantana, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MARTIN, JEANNE MRS. 545 37TH STREET WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Duvan LEE MR 1507 Dale Lane Delray Beach, FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR AARONSON, WILLIAM MR. 5992 FOREST GROVE DRIVE, #2 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Aaronson, William MR 5992 Forest Grove Dr. #2 Boynton Beach, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Date: 6/5/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 561-833-6483	