

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01515 (8)

1. Corporation Name

UNITY-CLEARWATER, INC.



Principal Place of Business

Mailing Address

% LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
CLEARWATER FL 34624

% LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
CLEARWATER FL 34624

3. Date Incorporated or Qualified

02/17/1984

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMMOCK, LEDDY ELAINE
2465 NURSERY RD.
CLEARWATER FL 34624

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CARNES, IRA
STREET ADDRESS 1268 ROBINHOOD LANE
CITY-ST-ZIP DUNEDIN FL

☒ DELETE

11 TITLE D
12 NAME Pritts, Dick
13 STREET ADDRESS 1111 Bayshore Blvd. #B-4
14 CITY-ST-ZIP Clearwater, FL 34619

☐ Change ☒ Addition

TITLE D
NAME MURREN, THOMAS
STREET ADDRESS 2042 SAN MARINO WAY S.
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

21 TITLE DS
22 NAME Murren, Thomas
23 STREET ADDRESS
24 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE DS
NAME MILBORNE, BETTY
STREET ADDRESS 411 BAYSHORE DR S APT 5
CITY-ST-ZIP SAFETY HARBOR FL

☒ DELETE

31 TITLE D
32 NAME Maley, Richard
33 STREET ADDRESS 6 Pine Vista Dr.
34 CITY-ST-ZIP Largo, FL 34640

☐ Change ☒ Addition

TITLE DT
NAME HOPPER, JEANNE
STREET ADDRESS 489 HARBOR DR. N
CITY-ST-ZIP INDIAN ROCKS FL

☐ DELETE

41 TITLE DV
42 NAME Hopper, Jeanne
43 STREET ADDRESS
44 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE DV
NAME THOMAS, MARILYN
STREET ADDRESS 147 DAVENPORT AVE, NE
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

51 TITLE DP
52 NAME Thomas, Marilyn
53 STREET ADDRESS
54 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME HOOLEY, PATRICIA
STREET ADDRESS 1488 NOELL BLVD.
CITY-ST-ZIP PALM HARBOR FL

☐ DELETE

61 TITLE DT
62 NAME Hooley, Patricia
63 STREET ADDRESS 2520 Pine Cove Lane
64 CITY-ST-ZIP Clearwater, FL 34621

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANNE S. HOPPER

Date

4/22/96

Daytime Phone #

813-595-2739

CR2E037 (12/95)