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Aug 12 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 # **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 34624-2748

3. Date Incorporated or Qualified
02/17/1984

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-1058242

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 **D** ☐ DELETE
NAME **PRITTS, DICK**
STREET ADDRESS **1111 BAYSHORE BLVD #B-4**
CITY-ST-ZIP **CLEARWATER F**

1.1 TITLE **DT** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **MURREN, THOMAS**
STREET ADDRESS **2042 SAN MARINO WAY S.**
CITY-ST-ZIP **CLEARWATER FL**

2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MALEY, RICHARD**
STREET ADDRESS **8 PINE VISTA DR**
CITY-ST-ZIP **LARGO FL**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DV** ☒ DELETE
NAME **HOPPER, JEANNE**
STREET ADDRESS **489 HARBOR DR. N**
CITY-ST-ZIP **INDIAN ROCKS FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Jane Spicer**
4.3 STREET ADDRESS **1465 Satsuma**
4.4 CITY-ST-ZIP **Clearwater, FL 34616**

TITLE **DP** ☒ DELETE
NAME **THOMAS, MARILYN**
STREET ADDRESS **147 DAVENPORT AVE, NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Diane Gammon**
5.3 STREET ADDRESS **309 Lambright St.**
5.4 CITY-ST-ZIP **Tampa, FL 33604**

TITLE **DT** ☐ DELETE
NAME **HOOLEY, PATRICIA**
STREET ADDRESS **2520 PINE COVE LANE**
CITY-ST-ZIP **CLEARWATER FL**

6.1 TITLE **DV** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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.

CR2E037 (9/96)