

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 01, 2004
Secretary of State**

DOCUMENT# N01515

Entity Name: UNITY-CLEARWATER, INC.

Current Principal Place of Business:

% LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

% LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-1058242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOCK, LEDDY ELAINE
2465 NURSERY RD.
CLEARWATER, FL 33764

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: LUCE, KEVIN
Address: 14878 55TH WAY N
City-St-Zip: CLEARWATER, FL 33760

Title: DS () Delete
Name: DI BELLA, NANCY
Address: 12350 JULIA ST
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: ALDERMAN, VICTORIA
Address: 1358 TUSCOLA ST
City-St-Zip: CLEARWATER, FL 33756

Title: DP () Delete
Name: MCNULTY, BARBARA
Address: 2019 CROYDON DR
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: GROSS, VICTORIA
Address: 9520 134TH ST
City-St-Zip: SEMINOLE, FL 33776

Title: DT () Delete
Name: GARDNER, NANCY
Address: 8477 MERRIMOOR BLVD
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SOLTAU, STEVE
Address: 1987 COBBLESTONE WAY
City-St-Zip: CLEARWATER, FL 33760

Title: D (X) Change () Addition
Name: SALTER, LYNNE
Address: 8003 BARDMOOR PLACE NORTH #102
City-St-Zip: LARGO, FL 33770

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STURTEVANT, BILL
Address: POST OFFICE BOX 472
City-St-Zip: CLEARWATER, FL 33757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: QUINN, JANNA
Address: 919 OSCEOLA ROAD #204
City-St-Zip: BELLEAIR, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA ALDERMAN

D

07/01/2004

Electronic Signature of Signing Officer or Director

Date