

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01515

FILED  
Apr 25, 2005  
Secretary of State

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      US

## 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: D ( ) Delete  
Name: SOLTAU, STEVE  
Address: 1987 COBBLESTONE WAY  
City-St-Zip: CLEARWATER, FL 33760

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: QUAY, TOM  
Address: 5660 93RD AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782

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

Title: D (X) Change ( ) Addition  
Name: LYNCH, MARITA  
Address: 1618 TUSCOLA ROAD  
City-St-Zip: CLEARWATER, FL 33756

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

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: BILL STURTEVANT

D

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date