

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 20, 2006
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: QUAY, TOM
Address: 5660 93RD AVENUE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PEARSON, CONSTANCE
Address: 641 LAGUNA VISTA COURT
City-St-Zip: LARGO, FL 33771

Title: D (X) Change () Addition
Name: HALLADAY, DAVE
Address: 2717 COUNTRYSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33761

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

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

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

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 Chapter 119, 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: TOM QUAY

D

06/20/2006

Electronic Signature of Signing Officer or Director

_____ Date