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**Mar 11 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N94000003653 (2)

1. Corporation Name
UNITY COMMUNITY, INC.



Principal Place of Business Mailing Address
**1315 BAYSHORE BLVD
DUNEDIN FL 34698** **1315 BAYSHORE BLVD
DUNEDIN FL 34698-4200**

3. Date Incorporated or Qualified 3a. Date of Last Report
07/21/1994 **02/08/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3216291		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip	Country	Zip	Country	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAYBURN, LAURA J 1968 BAYSHORE BLVD DUNEDIN FL 34698				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUEBNER, FREDERICK H			1.2 NAME	Nancy B. Lycan		
STREET ADDRESS	1 BOOTH BLVD			1.3 STREET ADDRESS	13 Birdie Cir.		
CITY-ST-ZIP	SAFETY HARBOR FL 34695			1.4 CITY-ST-ZIP	Palm Harbor, FL 34683		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERSON, KATHRYN R			2.2 NAME	Jack Cochran		
STREET ADDRESS	158 SUNWARD AVE			2.3 STREET ADDRESS	1608 Coastal Place		
CITY-ST-ZIP	PALM HARBOR FL 34684			2.4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, JESSE			3.2 NAME	Bette J. Petersen		
STREET ADDRESS	4110 HIGHLAND LOOP			3.3 STREET ADDRESS	12645 - 97th St., N.		
CITY-ST-ZIP	NEWPORT RICHEY FL			3.4 CITY-ST-ZIP	Largo, FL 33773		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CRUICKSHANK, LYNOTTE			4.2 NAME	Joyce Pyecha		
STREET ADDRESS	2035 ALPINE RD, 8			4.3 STREET ADDRESS	1028 Commodore St., Apt. #5		
CITY-ST-ZIP	CLEARWATER FL 34615			4.4 CITY-ST-ZIP	Clearwater, FL 34616		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MESICK, JOAN			5.2 NAME	Harriett J. Ackerley		
STREET ADDRESS	1721 HICKORY GATE DRIVE SOUTH			5.3 STREET ADDRESS	1216 Sunset Dr.		
CITY-ST-ZIP	DUNEDIN FL			5.4 CITY-ST-ZIP	Clearwater, FL 34615		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: Bette J. Petersen **REQUIRED** 3/8/97 813-585-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069305

CR2E037 (9/96)