


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90098 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003653

1. Corporation Name
UNITY COMMUNITY, INC.

Principal Place of Business 1315 BAYSHORE BLVD DUNEDIN FL 34698	Mailing Address 1315 BAYSHORE BLVD DUNEDIN FL 34698
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/21/1994
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3216291
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Zip	30. Zip	Trust Fund Contribution

9. Name and Address of Current Registered Agent RAYBURN, LAURA J 1968 BAYSHORE BLVD DUNEDIN FL 34698	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUEBNER, FREDERICK H	1.2 NAME	Betty Perram
STREET ADDRESS	1 BOOTH BLVD	1.3 STREET ADDRESS	10661 Millriver Dr.
CITY-ST-ZIP	SAFETY HARBOR FL 34695	1.4 CITY-ST-ZIP	New Port Richey, FL 34654
TITLE	DD D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYCAN, NANCY B	2.2 NAME	Lynotte Cruickshank
STREET ADDRESS	13 BIRDIE CIR	2.3 STREET ADDRESS	2650 Countryside Blvd.
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Clearwater, FL 33761
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, JACKIE	3.2 NAME	Harriett Ackerley
STREET ADDRESS	318 S GLENWOOD AVE	3.3 STREET ADDRESS	1216 Sunset
CITY-ST-ZIP	CLEARWATER FL 33755	3.4 CITY-ST-ZIP	Clearwater, FL 33755
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETZING, KAREN	4.2 NAME	
STREET ADDRESS	1549 BAYSHORE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSEN, BETTE J	5.2 NAME	
STREET ADDRESS	12645 97TH STREET N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BRIAN	6.2 NAME	
STREET ADDRESS	3118 LUAN CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Bette J Petersen **REQUIRED** 2/20/99 727-584-2856
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (1/1/98)