FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02065 (3)

1. Corporation Name

UNITY OF GAINESVILLE, INC.

Principal Place of Business	Mailing Address
6601 NW 39TH AVE P.O. BOX 1029 GAINESVILLE FL 32606 US	6601 NW 39TH AVE P.O. BOX 1029 GAINESVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2499226 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

KING, WILLIAM FORREST
4451 N.W. 19TH STREET
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name: King, William Forrest
82 Street Address (P.O. Box Number is Not Acceptable): 8801 NW 39th Avenue
83
84 City: Gainesville FL 85 Zip Code: 32606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	D	11 TITLE	☐ Change ☑ Addition
NAME	STONE, HENRY	12 NAME	Robert Esthing
STREET ADDRESS	RT 1 BOX 287C7	13 STREET ADDRESS	3311 NW 39th Street
CITY-ST-ZIP	HAWTHORNE FL	14 CITY-ST-ZIP	Gainesville FL 32605
TITLE	PD	21 TITLE	☑ Change ☐ Addition
NAME	BYARS, RUTH	22 NAME	Byars, Ruth
STREET ADDRESS	1943 N.E. 17TH TERRACE	23 STREET ADDRESS	1943 NE 17th Terrace
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville FL 32609
TITLE	D	31 TITLE	☐ Change ☑ Addition
NAME	LEE, ELEANOR	32 NAME	Lisa Johnson
STREET ADDRESS	3321 SW 31ST DR., 15D	33 STREET ADDRESS	2225 N W 15th Ave
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	Gainesville FL 32605
TITLE	T	41 TITLE	☐ Change ☑ Addition
NAME	CAMPEN, BEN	42 NAME	Smitherman, Kathleen
STREET ADDRESS	2630 NW 41ST ST D3	43 STREET ADDRESS	3017 NW 44th Place
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Gainesville FL 32605
TITLE	PD	51 TITLE	☑ Change ☐ Addition
NAME	BENSON, DONALD	52 NAME	Benson, Donald
STREET ADDRESS	6407 N.W. 31ST TERRACE	53 STREET ADDRESS	6407 NW 31st Ter
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	Gainesville FL 32606
TITLE	S	61 TITLE	☑ Change ☐ Addition
NAME	WESLEY, THERESA	62 NAME	Wesly, Theresa
STREET ADDRESS	6718 W 100TH LANE	63 STREET ADDRESS	6718 SW 100th Lane
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP	Gainesville, FL 32608

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William F. King 4-14-95 (904) 373-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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