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Apr 25 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 # N02065 (3)

1. Corporation Name

UNITY OF GAINESVILLE, INC.

Principal Place of Business

Mailing Address

8801 NW 39TH AVE
GAINESVILLE FL 32606
US

8801 NW 39TH AVE
GAINESVILLE FL 32606-5628
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/20/1984

3a. Date of Last Report
05/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

KING, WILLIAM FORREST
8801 NW 39 AVE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent
81 Name Schley, Melanie A.
82 Street Address (P.O. Box Number is Not Acceptable)
8801 NW 39 Avenue
83
84 City Gainesville FL 85 Zip Code 32606

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 *[Signature]*

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME KING, WILLIAM F
STREET ADDRESS 8801 NW 39TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32606

1.1 TITLE S/D ☒ Change ☒ Addition
1.2 NAME Anderson, John M. III
1.3 STREET ADDRESS 2117 SW 86th Terrace
1.4 CITY-ST-ZIP Gainesville, FL 32607

TITLE TD ☒ DELETE
NAME STEWART, SUSAN
STREET ADDRESS 18 NW 36TH DR
CITY-ST-ZIP GAINESVILLE FL 32607

2.1 TITLE P/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P/D ☐ DELETE
NAME SIMMONS, PATRICIA J. PATTY J.
STREET ADDRESS RT 4, BOX 573 6704 NW 160th St.
CITY-ST-ZIP ALACHUA FL 32615

3.1 TITLE P/D ☒ Change ☒ Addition
3.2 NAME TATUM, JACQUE
3.3 STREET ADDRESS STAR ROUTE 1, Box 98
3.4 CITY-ST-ZIP HAMPTON LAKE, FL 32044

TITLE T ☒ DELETE
NAME SMITHERMAN, KATHLEEN
STREET ADDRESS 3017 NW 44 PL
CITY-ST-ZIP GAINESVILLE FL

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Robert L. Heintz
4.3 STREET ADDRESS 5232 SW 96 Terrace
4.4 CITY-ST-ZIP Gainesville, FL 32608

TITLE D/T ☐ DELETE
NAME FOLMER, RICK
STREET ADDRESS 2925 SW 28TH PL
CITY-ST-ZIP GAINESVILLE FL 32608

5.1 TITLE T/D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME WESLY, THERESA
STREET ADDRESS 6718 W 100TH LANE
CITY-ST-ZIP GAINESVILLE FL

6.1 TITLE P/D ☒ Change ☒ Addition
6.2 NAME Young, Earl
6.3 STREET ADDRESS 5711 NE 11th Terrace
6.4 CITY-ST-ZIP Gainesville, FL 32609

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 *[Signature]*

CR2E037 (9/96)