

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02065** (3)

1. Corporation Name

**UNITY OF GAINESVILLE, INC.**



Principal Place of Business <b>8801 NW 39TH AVE GAINESVILLE FL 32606 US</b>	Mailing Address <b>8801 NW 39TH AVE GAINESVILLE FL 32606 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/20/1984</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-2499226</b>		

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MELANIE, SCHLEY A. 8801 NW 39 AVENUE GAINESVILLE FL 32606</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	SD ANDERSON, JOHN M III 2117 SW 86TH TERRACE GAINESVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD SIMMONS, PATTY J. 6704 NW 160TH STREET ALACHUA FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T SMITHERMAN, KATHLEEN 3017 NW 44 PL GAINESVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D FOLMER, RICK 2925 SW 28TH PL GAINESVILLE FL 32608
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPD YOING, EARL 2711 NE 11TH TERRACE GAINESVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Brogan
2.3 STREET ADDRESS	404 NE 10th Avenue
2.4 CITY-ST-ZIP	Gainesville, FL 32601
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barbara Chiarelli
3.3 STREET ADDRESS	11210 NE 109th Place
3.4 CITY-ST-ZIP	Archer, FL 32618
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Phyllis Shepard
4.3 STREET ADDRESS	3230 NW 41st Avenue
4.4 CITY-ST-ZIP	Gainesville, FL 32605
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jacqueline Tatum
6.3 STREET ADDRESS	806 NW 40th Drive
6.4 CITY-ST-ZIP	Gainesville, FL 32605

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.

SIGNATURE: John M Anderson III 4-15-98 (904) 462-7060

CR2E037 (10/97)