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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02065

1. Corporation Name

UNITY OF GAINESVILLE, INC.

Principal Place of Business

**8801 NW 39TH AVE
GAINESVILLE FL 32606
US**

Mailing Address

**8801 NW 39TH AVE
GAINESVILLE FL 32606
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/20/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2499226	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**MELANIE, SCHLEY A.
8801 NW 39 AVENUE
GAINESVILLE FL 32606**

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DEE MITCHELL
NAME	ANDERSON, JOHN M III	1.2 NAME	3626 NW 22ND TER
STREET ADDRESS	2117 SW 86TH TERRACE	1.3 STREET ADDRESS	GAINESVILLE FL
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	BILL TEUFERT
NAME	BROGAN, MICHAEL	2.2 NAME	2155 SW 7TH STREET
STREET ADDRESS	404 NE 10TH AVENUE	2.3 STREET ADDRESS	OCALA FL 34478
CITY-ST-ZIP	GAINESVILLE FL 32601	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CHIARELL, BARBARA	3.2 NAME	
STREET ADDRESS	11210 NE 109TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL 32618	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	SHEPARD, PHYLLIS	4.2 NAME	
STREET ADDRESS	3230 NW 41ST AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	
NAME	YONG, EARL	5.2 NAME	
STREET ADDRESS	2711 NE 11TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	TATUM, JACQUE	6.2 NAME	
STREET ADDRESS	806 NW 40TH DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-99 352-373-1030

Date

Daytime Phone #