2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705017

Entity Name: UNITY OF THE PALM BEACHES, INC.

Current Principal Place of Business:

1901 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407

Current Mailing Address:

1901 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407

FEI Number: 59-0914216

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOTT, SHELLI
1901 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHELLI MOTT   06/11/2014

_____   Date
Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	CULBERTSON, LINDA	Name	RUSSO, PAT
Address	6168 ROYAL BIRKDALE DR	Address	7600 CLARK ROAD
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	WEST PALM BEACH FL 33406
Title	TRUSTEE	Title	SECRETARY
Name	BRIER, JERRY	Name	ALBEE, DAVID
Address	108 LAKE CONTANCE DR	Address	3230 S OCEAN BLVD # 607
City-State-Zip:	WEST PALM BEACH FL 33411	City-State-Zip:	PALM BEACH FL 33480
Title	TRUSTEE	Title	TREASURER
Name	BARNES, PATRICIA	Name	RAY, STEVEN
Address	1014 GREEN PINE BLVD # F-2	Address	PO BOX 32544
City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	PALM BEACH GARDENS FL 33420
Title	SENIOR MINISTER		
Name	STEVENS, TAYLOR E		
Address	826 WRIGHT DR		
City-State-Zip:	LAKE WORTH FL 33461		

I *hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: TAYLOR E STEVENS   SENIOR MINISTER   06/11/2014

_____   _____
Electronic Signature of Signing Officer/Director Detail   Date