

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705017

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC8516385394**

**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 US

**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

03/02/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CULBERTSON, LINDA  
Address        6168 ROYAL BIRKDALE DR  
City-State-Zip: LAKE WORTH FL 33463

Title            VP  
Name            RUSSO, PAT  
Address        7600 CLARK ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title            TRUSTEE  
Name            BRIER, JERRY  
Address        108 LAKE CONTANCE DR  
City-State-Zip: WEST PALM BEACH FL 33411

Title            TRUSTEE  
Name            ALBEE, DAVID  
Address        3230 S OCEAN BLVD  
                  # 607  
City-State-Zip: PALM BEACH FL 33480

Title            SECRETARY  
Name            BARNES, PATRICIA  
Address        1014 GREEN PINE BLVD  
                  # F-2  
City-State-Zip: WEST PALM BEACH FL 33409

Title            TREASURER  
Name            FIGUEROA, LAURIE  
Address        719 SNOWDEN DRIVE  
City-State-Zip: LAKE WORTH FL 33461

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**

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date