

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01515

Entity Name: UNITY-CLEARWATER, INC.**Current Principal Place of Business:**

% LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
CLEARWATER, FL 33764

Current Mailing Address:

% LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
CLEARWATER, FL 33764 US

FEI Number: 59-1058242**Certificate of Status Desired: No****Name and Address of Current Registered Agent:**

HAMMOCK, LEDDY ELAINE
2465 NURSERY RD.
CLEARWATER, FL 33764 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name HAVILAND, MARY
Address 1852 WELLAND DR.
City-State-Zip: CLEARWATER FL 33756

Title OFFICER
Name DIMA, ELIZABETH A
Address 6557 BLACK MANGROVE DR
City-State-Zip: LARGO FL 33773

Title OFFICER
Name DANSBY, GRANT
Address 1001 STARKEY RD #223
City-State-Zip: LARGO FL 33771

Title SENIOR MINISTER
Name HAMMOCK, LEDDY E
Address % LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
City-State-Zip: CLEARWATER FL 33764

Title OFFICER
Name ALVAREZ, SYLVIA
Address 9215 N. FLORIDA AVE STE101
City-State-Zip: TAMPA FL 33612

Title OFFICER
Name FRISCH, DEBBIE
Address 2541 NEWBERN AVE
City-State-Zip: CLEARWATER FL 33761

Title OFFICER
Name MARINACCI, ED
Address 1121 THAYER ST.
City-State-Zip: SAFETY HARBOR FL 34695

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: LEDDY ELAINE HAMMOCK**SR. MINISTER****02/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date