

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01515

Entity Name: UNITY-CLEARWATER, INC.

Current Principal Place of Business:

% LEDDY ELAINE HAMMOCK
2419 NURSERY ROAD
CLEARWATER, FL 33764

Current Mailing Address:

% LEDDY ELAINE HAMMOCK
PO BOX 4681
CLEARWATER, FL 33758-4681 US

FEI Number: 59-1058242

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMMOCK, LEDDY ELAINE
2419 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 PRESIDENT
Name WARREN, PATRICIA
Address 2419 NURSERY RD
City-State-Zip: CLEARWATER FL 33764

Title OFFICER
Name SIMMONS, NANCY
Address 2419 NURSERY RD
City-State-Zip: CLEARWATER FL 33764

Title OFFICER
Name DANSBY, GRANT
Address 2419 NURSERY RD
City-State-Zip: CLEARWATER FL 33764

Title SECRETARY
Name HAMMOCK, LEDDY E
Address % LEDDY ELAINE HAMMOCK
 2419 NURSERY ROAD
City-State-Zip: CLEARWATER FL 33764

Title OFFICER
Name MARINACCI, ED
Address 2419 NURSERY RD
City-State-Zip: CLEARWATER FL 33764

Title OFFICER
Name WESTMARK, MARY ANN
Address 2419 NURSERY RD.
City-State-Zip: CLEARWATER FL 33764

Title OFFICER
Name DERRERA, SAM
Address 2419 NURSERY RD
City-State-Zip: CLEARWATER FL 33764

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 E. HAMMOCK

SECRETARY

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date