

2013 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

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 O
Name JONES, JEFF
Address 1701 S. BETTY LANE
City-State-Zip: CLEARWATER FL 33756

Title O
Name BEARDSLEY, MARYAN
Address 1950 SHARPE LANE
City-State-Zip: DUNEDIN FL 34698

Title O
Name WARREN, PATRICIA
Address 308 LOS PRADOS DRIVE
City-State-Zip: SAFETY HARBOR FL 34695

Title O
Name GOAL, NOREEN
Address 2033 AARON PLACE
City-State-Zip: CLEARWATER FL 33760

Title O
Name NISWENDER, JIM
Address 496 BELMIST COURT
City-State-Zip: DUNEDIN FL 34698

Title O
Name EGAN, MITCHELL
Address 114 WINWARD PLACE
City-State-Zip: OLDSMAR FL 34677

Title SENIOR MINISTER
Name HAMMOCK, LEDDY E
Address % LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
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 HAMMOCK**SENIOR MINISTER****04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date