

2016 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:** Yes**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 MACKENZIE, MARY
Address 5108 IRIS DR. N
City-State-Zip: PINELLAS PARK FL 33782

Title OFFICER
Name JOHNSON, GAIL M
Address 830 S. GULFVIEW BV #103
City-State-Zip: CLEARWATER FL 33767

Title OFFICER
Name FIAONI, DAVID
Address 14300 66TH ST. N. #110
City-State-Zip: CLEARWATER FL 33764

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

Title OFFICER
Name MACKEY, CYNTHIA
Address 2551 NEWBERN DRIVE
City-State-Zip: CLEARWATER FL 33761

Title OFFICER
Name WARREN, PATRICIA
Address 2210 UTOPIAN DR. E.
APT #316
City-State-Zip: CLEARWATER FL 33763

Title OFFICER
Name CROGAN, PAT
Address 212 S. HERCULES AVE
City-State-Zip: CLEARWATER FL 33765

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**SENIOR MINISTER****04/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date