

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08729

Entity Name: UNITY SCHOOL ENDOWMENT FUND, INC.**Current Principal Place of Business:**101 NW 22ND STREET
DELRAY BEACH, FL 33444**Current Mailing Address:**101 NW 22ND STREET
DELRAY BEACH, FL 33444 US**FEI Number:** 59-2529126**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPDIRECT AGENTS, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** CORPDIRECT AGENTS

04/11/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name FRANKEL, LARRY MR.
Address 4791 MODERN DRIVE
City-State-Zip: DELRAY BEACH FL 33445

Title DCEO
Name NORMAN, NANCY REV
Address 101 NW 22ND ST
City-State-Zip: DELRAY BEACH FL 33444

Title P
Name COHEN, ALBERT DR.
Address 960 SEASAGE DRIVE
City-State-Zip: DELRAY BEACH FL 33483

Title SECRETARY
Name LANZA, JOY
Address 101 NW 22ND STREET
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name ST-LAURENT, LOUIS
Address 101 NW 22ND STREET
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name HORVATH, EDWARD DR.
Address 101 NW 22ND STREET
City-State-Zip: DELRAY BEACH FL 33444

Title TREASURER
Name MEADOWS, PAUL
Address 101 NW 22ND STREET
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name LANCOE, PAUL
Address 101 NW 22ND STREET
City-State-Zip: DELRAY BEACH FL 33444

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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: PAUL MEADOWS

TREASURER

04/11/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RABIL, TAMARA
Address 101 NW 22ND STREET
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name SORIAL, GEORGE
Address 101 NW 22ND STREET
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name PORTEN, SCOTT
Address 101 NW 22ND STREET
City-State-Zip: DELRAY BEACH FL 33444