

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701206 (5)

1. Corporation Name

UNITY IN THE PINES, INC.



Principal Place of Business

Mailing Address

REV. W. L. KENDRICK  
6073 SUMMIT BLVD.  
WEST PALM BCH FL 33415-3544

REV. W. L. KENDRICK  
6073 SUMMIT BLVD.  
WEST PALM BCH FL 33415-3544

2. Principal Place of Business

2a. Mailing Address

21. *UNITY IN THE PINES*

26. *6073 Summit Blvd.*

Suite, Apt., etc.

27. *West Palm Beach*

22. *6073*

28. *FLA 33415-3544*

City & State

City & State

23. *6073*

29. *6073*

Zip

Country

Zip

Country

24. *6073*

25. *6073*

30. *6073*

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/18/1960

3a. Date of Last Report

07/31/1995

4. FEI Number

59-0932859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

*RANDY Pfeiffer*

82. Street Address (P.O. Box Number is Not Acceptable)

*6073 Summit Blvd.*

83. *West Palm Beach*

84. City

FL

85. Zip Code

*33415*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME KENDRICK, W. LAWRENCE  
STREET ADDRESS 4703 BELVEDERE RD.  
CITY-ST-ZIP WEST PALM BEACH FL 33412

☒ DELETE

TITLE VD  
NAME BARNETT, JINI  
STREET ADDRESS 5883 LA PASEOSO  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE SD  
NAME LINK, ADELE  
STREET ADDRESS 386 NATHAN HIALS DR  
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE TD  
NAME HUNSINGER, LOUISE  
STREET ADDRESS 1530 N. M ST.  
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE VD  
NAME KING, JAMES  
STREET ADDRESS 845 OCEAN INLET DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.O. Randy Pfeiffer  
1.2 NAME  
1.3 STREET ADDRESS 6073 Summit Blvd  
1.4 CITY-ST-ZIP West Palm Beach FL 33415

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Louise Hunsinger* Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)