

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90069 018 \*\*\*\*61.25

**DOCUMENT # 701206**

1. Entity Name

UNITY IN THE PINES, INC.



Principal Place of Business

6073 SUMMIT BLVD.  
W PALM BCH. FL 33415-3544  
US

Mailing Address

6073 SUMMIT BLVD.  
W PALM BCH. FL 33415-3544  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-0932859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~STONE, DALE R~~  
~~4500 BEVEDERE RD~~  
~~STE F2~~  
~~WEST PALM BEACH FL 33415-1357~~

7. Name and Address of New Registered Agent

Name H.E. Hill

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

1324 S main St

City Bella Glade

FL

Zip Code

33430

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing - ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE S ☒ Delete  
NAME STONE, DALE R  
STREET ADDRESS 4500 BEVEDERE RD STE F2  
CITY-ST-ZIP WEST PALM BEACH FL 33415-1357

TITLE PD ☒ Delete  
NAME BLADES, PENELOPE  
STREET ADDRESS 10881 ACME RD.  
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE D ☒ Delete  
NAME HARTFORD, LOUISE  
STREET ADDRESS 135 SOUTHAMPTON #B  
CITY-ST-ZIP WEST PALM BEACH FL 33415

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

TITLE D ☐ Delete  
NAME ROEDEL, MARIAN  
STREET ADDRESS 790 LORI DR #264  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE VP ☒ Delete  
NAME SAMSEL, ADELA  
STREET ADDRESS 4171 LOGAN RD.  
CITY-ST-ZIP LAKE WORTH FL 33463

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PO ☐ Change ☒ Addition  
NAME WHITE GENEVA.  
STREET ADDRESS 15182 Steffen Lane.  
CITY-ST-ZIP LOXA HATCHER FL 33470

TITLE S ☐ Change ☒ Addition  
NAME ~~HARRIS, HATT~~  
STREET ADDRESS ~~10881 ACME RD~~  
CITY-ST-ZIP ~~WEST PALM BEACH FL 33414~~

TITLE D ☐ Change ☒ Addition  
NAME Heidi Seaman.  
STREET ADDRESS 7267 Pine Manor  
CITY-ST-ZIP Lake Worth FL 33467

TITLE D ☐ Change ☒ Addition  
NAME Kristine Baker  
STREET ADDRESS 14360 LISA DR.  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE S ☐ Change ☒ Addition  
NAME H.E Hill  
STREET ADDRESS 1324 S main St  
CITY-ST-ZIP Bella Glade FL 33430

TITLE V.P. ☐ Change ☒ Addition  
NAME BEIL, Floyd  
STREET ADDRESS 9589 Calliandro Dr  
CITY-ST-ZIP Bornton Beach FL 33436

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louise Hunsinger, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

478-5454  
561-582-7326

Daytime Phone #