
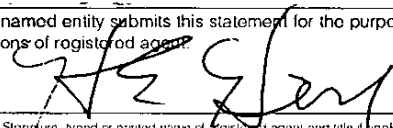


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90104 014 ****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 - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number 59-0932859	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HILL, H.E. 1324 S. MAIN ST BELLE GLADE FL 33430				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE 2/2/07 </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 5%;"> <input type="checkbox"/> Delete </div> </div>					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BAKER, KRISTINE 4380 LISA DR LAKE WORTH FL 33467				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BAILEY, JOYCE 1129 WYNWOOD DR WEST PALM BEACH FL 33417				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HILL, H.E. 1324 S. MAIN ST BELLE GLADE FL 33430				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HUNSINGER, LOUISE 1580 LUCERNE AVE #706 LAKE WORTH FL 33460				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROEDEL, MARIAN 790 LORI DR #264 LAKE WORTH FL 33461				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEAMAN, HEIDI 7267 PINE MANOR LAKE WORTH FL 33467				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> <div style="width: 5%;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> </div>					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CYNTHIA, macgregor 3500 Springdale Blvd, R. 205 PALM SPRINGS, FL 33461				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 				



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  2/2/07 561-478-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #