

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90021 046 \*\*\*\*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

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

~~HILL, H.E.~~  
~~1324 S. MAIN ST~~  
~~BELLE GLADE FL 33430~~  
*Rev. Maryann Petipren*  
*3561 Pine Needle Dr.*  
*LAKE WORTH FL.*  
*33463*

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 *Maryann Petipren*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE *\$ Baker Kristine*  
NAME ~~BEKER, KRISTINA~~  
STREET ADDRESS  
CITY-STATE-ZIP  
4380 LISA DR  
LAKE WORTH FL 33467

☐ Delete

TITLE *VP*  
NAME BAILEY, JOYCE  
STREET ADDRESS  
CITY-STATE-ZIP  
1129 WYNWOOD DR  
WEST PALM BEACH FL 33417

☐ Delete

TITLE *VP*  
NAME ~~HILL, H.E.~~  
STREET ADDRESS  
CITY-STATE-ZIP  
~~1324 S. MAIN ST~~  
~~BELLE GLADE FL 33430~~ *Deceased.*

☒ Delete

TITLE *T*  
NAME HUNSINGER, LOUISE  
STREET ADDRESS  
CITY-STATE-ZIP  
1580 LUCERNE AVE #706  
LAKE WORTH FL 33460

☐ Delete

TITLE *DEV*  
NAME MACGREGOR, CYNTHIA  
STREET ADDRESS  
CITY-STATE-ZIP  
3500 SPRINGDALE BLVD., R 208  
PALM SPRINGS FL 33461

☐ Delete

TITLE *D*  
NAME SEAMAN, HEIDI  
STREET ADDRESS  
CITY-STATE-ZIP  
7267 PINE MANOR  
LAKE WORTH FL 33467

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE *President*  
NAME *Rev. Maryann Petipren*  
STREET ADDRESS  
CITY-STATE-ZIP  
*3561 Pine Needle Dr.*  
*LAKE WORTH FL 33463*

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

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: *Louise Hunsinger*, *Treasurer 561-582-7326.*