FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

95 MAY -1 PM 4:10

DOCUMENT # 702873 (1)

1. Corporation Name

UNITY OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
2740 VAN BUREN STREET HOLLYWOOD FL 33020	2740 VAN BUREN STREET HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: 09/11/1961

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 2750 Van Buren St.	26 2750 Van Buren St.
Suite, Apt. #, etc. 22 (acquired property next do	Suite, Apt. #, etc. 27)
City & State 23 Hollywood, FL	City & State 28 Hollywood, FL
Zip 24 33020	Country 25 U.S.A.
Zip 29 33020	Country 30 U.S.A.

4. FEI Number: 59-6155040 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NELSON, KATHERINE S 2740 VAN BUREN ST. HOLLYWOOD FL 33020	Rev. David Williamson 2740 Van Buren St. Hollywood, FL 33020 (new minister)

81 Name

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

83 -05/16/96--01086--007
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84 City: FL 85 Zip Code

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: X David Williamson — REV. DAVID WILLIAMSON, D.MIN. — 5-7-96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	BRODIE, JOHN		1.2 NAME	Terry Simonson	
STREET ADDRESS	760 S. PARK RD., #10-12		1.3 STREET ADDRESS	2912 Washington St.	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	VP	☐ DELETE	2.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	SIMONSON, TERRY		2.2 NAME	Madaline Lawrence	
STREET ADDRESS	2912 WASHINGTON ST.		2.3 STREET ADDRESS	20420 NE 10th Ct.	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	T	☐ DELETE	3.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	POLAND, GEORGETTE		3.2 NAME	same	
STREET ADDRESS	5420 HAWKS BLUFF AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	DRAGIF, FRIEDA		4.2 NAME	Dr. Barbara Coulibaly	
STREET ADDRESS	3421 N. PARK RD.		4.3 STREET ADDRESS	2269 S. University Dr. #377	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	Davie, FL 33324	
TITLE	S	☐ DELETE	5.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	SMITH, SUSAN		5.2 NAME	John Brodie	
STREET ADDRESS	5192 NE 6TH AVE., #826		5.3 STREET ADDRESS	8325 SW 42nd Ct.	
CITY-ST-ZIP	OAKLAND PARK FL		5.4 CITY-ST-ZIP	Davie, FL 33328	
TITLE	T	☐ DELETE	6.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	RICHTMYER, BILL		6.2 NAME	Mardi Podesta	
STREET ADDRESS	1901 NW 19TH ST.		6.3 STREET ADDRESS	2718 Jackson St.	
CITY-ST-ZIP	PEMBROKE PINES FL		6.4 CITY-ST-ZIP	Hollywood, FL 33020	

CR2E037 (12/95)

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: Cindie L. Bassett — 4-23-96 — 954-922-5521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Cindie Bassett, Business Administrator