FILE NOW: FILING FEE IS $61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90108 011 ****61.25

0021758

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702873

1. Corporation Name
UNITY OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
2750 VAN BUREN ST HOLLYWOOD FL 33020 US	2750 VAN BUREN ST. HOLLYWOOD FL 33020

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/11/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6155040 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMSON, DAVID 2740 VAN BUREN ST. HOLLYWOOD FL 33020	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 David Williamson DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAWRENCE, MADALINE		1.2 NAME		
STREET ADDRESS	20420 NE 10TH CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	PECK, RONALD J		2.2 NAME	Dunlap, Alan	
STREET ADDRESS	4306 JOHNSON ST		2.3 STREET ADDRESS	9941 N. Abiaca Circle	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	Davie, Fl.	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POLAND, GEORGETTE		3.2 NAME		
STREET ADDRESS	5420 HAWKS BLUFF AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PODESTA, MARTHA		4.2 NAME		
STREET ADDRESS	2710 JACKSON ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, LINDA		5.2 NAME		
STREET ADDRESS	11124 BISMARK PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33026		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	DUNLAP, ALAN		6.2 NAME	Bailey, Ruby	
STREET ADDRESS	1361 SW 82ND AVE #1821		6.3 STREET ADDRESS	3501 Jackson St., #407	
CITY-ST-ZIP	PLANTATION FL		6.4 CITY-ST-ZIP	Hollywood Fl	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Cindy L. Campbell REQUIRED 3/3/99 954-922-5521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #