

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90003 042 ****61.25

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DOCUMENT # 706409 1. Entity Name UNITY OF FORT PIERCE, INC.					
Principal Place of Business 3414 SUNRISE BLVD. FT PIERCE, FL 34982 US			Mailing Address 3414 SUNRISE BLVD. FT PIERCE, FL 34982 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGLAS, JANICE 3413 SUNRISE BLVD FORT PIERCE, FL 34982			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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTER, CAROL 572 NE CANOE PK CIRCLE PORT SAINT LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAROL BAXTER 572 NE CANOE PK CIRCLE PORT SAINT LUCIE, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS, JANICE 6385 SE FARLEY ROAD PORT SAINT LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FALZARNO, VIRGINIA 655 PONYTAIL LANE PORT SAINT LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIE SERRA 2919 ADMIRAL STREET FT. PIERCE, FL 34982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORLIA, JAMES 502 N 2ND ST FORT PIERCE, FL 34950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCNEELY, WILLIAM 2705 SUNRISE BLVD FORT PIERCE, FL 34982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOONTAIN, RONALD DR 801 S OCEAN DRIVE HUTCHINSON ISLAND, FL 34949		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSCOA FENTY 1601 SE BERKSHIRE BLVD PORT ST. LUCIE, FL 34952	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 <i>William McNeely Jr.</i> William McNeely Jr. 03-19-07 465-9327					