

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90052 033 \*\*\*\*61.25

**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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

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

**DOUGLAS, JANICE**  
**3413 SUNRISE BLVD**  
**FORT PIERCE, FL 34982**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 DS ☐ Delete  
NAME BAXTER, CAROL  
STREET ADDRESS 572 NE CANOE PK CIRCLE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE PD ☐ Delete  
NAME DOUGLAS, JANICE  
STREET ADDRESS 6385 SE FARLEY ROAD  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE D ☐ Delete  
NAME SERRA, JULIE  
STREET ADDRESS 2919 ADMIRAL STREET  
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE D ☐ Delete  
NAME NORLIA, JAMES  
STREET ADDRESS 502 N 2ND ST  
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE TD ☐ Delete  
NAME MCNEELY, WILLIAM  
STREET ADDRESS 2705 SUNRISE BLVD  
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE D ☐ Delete  
NAME FENTY, JOSEPH  
STREET ADDRESS 1601 SE BERKSHIRE BLVD  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☒ Change ☐ Addition  
NAME BAXTER, CAROL  
STREET ADDRESS 572 NE CANOE PK CIRCLE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☒ Change ☐ Addition  
NAME SERRA, JULIE  
STREET ADDRESS 2919 ADMIRAL STREET  
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**JANICE DOUGLAS**

**772-461-2272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #