

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706409

FILED
Feb 17, 2009
Secretary of State

Entity Name: UNITY OF FORT PIERCE, INC.

Current Principal Place of Business:

3414 SUNRISE BLVD.
FT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

3414 SUNRISE BLVD.
FT PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 59-6136552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DOUGLAS, JANICE
3414 SUNRISE BLVD
FORT PIERCE, FL 34982 US

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.

SIGNATURE:

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: BAXTER, CAROL
Address: 572 NE CANOE PK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PD () Delete
Name: DOUGLAS, JANICE
Address: 6385 SE FARLEY ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: DS () Delete
Name: SERRA, JULIE
Address: 2919 ADMIRAL STREET
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: NORLIA, JAMES
Address: 502 N 2ND ST
City-St-Zip: FORT PIERCE, FL 34950

Title: TD () Delete
Name: MCNEELY, WILLIAM
Address: 2705 SUNRISE BLVD
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: FENTY, JOSEPH
Address: 1601 SE BERKSHIRE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DOUGLAS, JANICE
Address: 6385 GARDENA STREET
City-St-Zip: FORT PIERCE, FL 34982 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NORCIA, JAMES
Address: 502 N 2ND ST
City-St-Zip: FORT PIERCE, FL 34950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE DOUGLAS

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date