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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 708383

(5)

1. Corporation Name

UNITY ON THE BAY, INC.



Principal Place of Business

Mailing Address

**411 NORTHEAST 21ST STREET
MIAMI FL 33137**

**411 NORTHEAST 21ST STREET
MIAMI FL 33137**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMERON, WILLIAM E.
411 N.E. 21ST STREET
MIAMI FL 33137**

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

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
NAME	GAGE, RANDY	
STREET ADDRESS	1010 SHORE LANE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VT	☐ DELETE
NAME	GOLINO, PATRICIA	
STREET ADDRESS	825 NE 178 ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	TD	☐ DELETE
NAME	MARTIN, HAL	
STREET ADDRESS	3830 SW 123 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☒ DELETE
NAME	MASIN, HELEN	
STREET ADDRESS	2791 SW 23 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	INGRAM, MARY	
STREET ADDRESS	59 NE 92 ST	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	TTR	☒ DELETE
NAME	MOORE, AARON	
STREET ADDRESS	14204 NE 3 CT	
CITY-ST-ZIP	MIAMI FL 33161	

11 TITLE	D	☐ Change ☒ Addition
12 NAME	James Trapp	
13 STREET ADDRESS	411 N.E. 21st. St.	
14 CITY-ST-ZIP	Miami, Florida 33137	
21 TITLE	V	☐ Change ☐ Addition
22 NAME	Patricia Gulino	
23 STREET ADDRESS	825 N.E. 178 St.	
24 CITY-ST-ZIP	N. Miami Beach, FL 33162	
31 TITLE	D	☐ Change ☒ Addition
32 NAME	William E. Cameron	
33 STREET ADDRESS	411 N.E. 21st. St.	
34 CITY-ST-ZIP	Miami, FL 33137	
41 TITLE	SD	☒ Change ☐ Addition
42 NAME	Jay Burke	
43 STREET ADDRESS	P.O. Box 22-3100	
44 CITY-ST-ZIP	Hollywood, FL 33022-3100	
51 TITLE	T	☒ Change ☐ Addition
52 NAME	Joseph Magliano	
53 STREET ADDRESS	14515 S.W. 106th. Terr.	
54 CITY-ST-ZIP	Miami, FL 33186	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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:

James E. Trapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES E. TRAPP

3/13/96 (305) 573-9191
Date Daytime Phone

CR2E037 (12/95)