


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 713662 (5) 1. Corporation Name UNITY IN THE GROVE, INC.					



Principal Place of Business 6230 LAKELAND HIGHLANDS ROAD LAKELAND FL 33813-3844	Mailing Address 6230 LAKELAND HIGHLANDS ROAD LAKELAND FL 33813-3844
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1967		3a. Date of Last Report 07/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3112786		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUMAN, EYDEE 64338 CEDAR LANE 2336 CHESHIRE PL LAKELAND FL 33813				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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	S	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Sb	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COX, WILLIAM			1.2 NAME	Piver, Wanda		
STREET ADDRESS	785 W MCLEOD			1.3 STREET ADDRESS	3144 Ellis Ave.		
CITY-ST-ZIP	BARTOW FL 33830			1.4 CITY-ST-ZIP	Lakeland FL 33803		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Tb	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STOWERS, MARY			2.2 NAME	Luman, Eydee		
STREET ADDRESS	2042 WIND WARD PASS			2.3 STREET ADDRESS	6358 Cedar Lane		
CITY-ST-ZIP	LAKELAND FL 33803			2.4 CITY-ST-ZIP	Lakeland FL 33813		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	Pb	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BATTLE, DARRELL			3.2 NAME	Battle, Darrell		
STREET ADDRESS	2810 DIXIE RD.			3.3 STREET ADDRESS	3133 Ellis Ave.		
CITY-ST-ZIP	LAKELAND FL			3.4 CITY-ST-ZIP	Lakeland FL 33803		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AIRD, ENID			4.2 NAME	Aird, Enid		
STREET ADDRESS	6230 LAKELAND HIGHLAND			4.3 STREET ADDRESS	1060 Walt Whitman Rd		
CITY-ST-ZIP	LAKELAND FL 33813			4.4 CITY-ST-ZIP	Lakeland FL 33809		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEBECK, JEANNE			5.2 NAME			
STREET ADDRESS	375 BRANNEN RD., LOT 231			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			5.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		6.1 TITLE	vb	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, LEROY			6.2 NAME	Miller, LeRoy		
STREET ADDRESS	4062 HOLLHEAD CIR			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33811			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: _____

CR2E037 (9/96)