

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 Mailing Address  
6230 LAKELAND HIGHLANDS ROAD 6230 LAKELAND HIGHLANDS ROAD  
LAKELAND FL 33813-3844 LAKELAND FL 33813-3844

3. Date Incorporated or Qualified

11/17/1967

4. FEI Number

59-3112786

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LUMAN, EYDEE  
64338 CEDAR LANE  
~~2338 CHESHIRE PL~~  
LAKELAND FL 33813

10. Name and Address of New Registered Agent

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

TITLE SD ☐ DELETE  
NAME PIVER, WANDA  
STREET ADDRESS 3144 ELLIS AVE  
CITY-ST-ZIP LAKELAND FL

TITLE TD ☐ DELETE  
NAME LUMAN, EYDEE  
STREET ADDRESS 6358 CEDAR LANE  
CITY-ST-ZIP LAKELAND FL

TITLE PD ☒ DELETE  
NAME BATTLE, DARRELL  
STREET ADDRESS 3133 ELLIS DRIVE  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE  
NAME AIRD, ENID  
STREET ADDRESS 1060 WALT WHITMAN RD  
CITY-ST-ZIP LAKELAND FL 33809

TITLE VD ☒ DELETE  
NAME MILLER, LEROY  
STREET ADDRESS 4062 HOLLHEAD CIR  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE  
NAME LEIGHT, ROY VIRGINIA  
STREET ADDRESS 3918 SADDLE CREEK RD.  
CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME Piver, Wanda  
1.3 STREET ADDRESS 3144 Ellis Ave  
1.4 CITY-ST-ZIP Lakeland, FL 33803

2.1 TITLE V/D ☒ Change ☐ Addition  
2.2 NAME Luman, Eydee  
2.3 STREET ADDRESS 6358 Cedar Lane  
2.4 CITY-ST-ZIP Lakeland, FL 33813

3.1 TITLE T/D ☐ Change ☒ Addition  
3.2 NAME Cox, William (Bill)  
3.3 STREET ADDRESS P. O. Box 851 N/A  
3.4 CITY-ST-ZIP Bartow, FL 33831

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE S/D ☐ Change ☒ Addition  
5.2 NAME Bates, Virginia  
5.3 STREET ADDRESS 6003 Woodhaven Dr  
5.4 CITY-ST-ZIP Lakeland, FL 33811

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP


14. I 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:

Virginia H. Leight DIRECTOR 4-30-98 (941) 646-5314

CR2E037 (10/97)

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 713662 (5)</b> 1. Corporation Name <b>UNITY IN THE GROVE, INC.</b>			
Principal Place of Business <b>6230 LAKELAND HIGHLANDS ROAD LAKELAND FL 33813-3844</b>		Mailing Address <b>6230 LAKELAND HIGHLANDS ROAD LAKELAND FL 33813-3844</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified <b>11/17/1967</b>		4. FEI Number <b>59-3112786</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LUMAN, EYDEE 64338 CEDAR LANE <del>2338 CHESHIRE PL</del> LAKELAND FL 33813</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PIVER, WANDA 3144 ELLIS AVE LAKELAND FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/D Piver, Wanda 3144 Ellis Ave Lakeland, FL 33803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LUMAN, EYDEE 6358 CEDAR LANE LAKELAND FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>V/D Luman, Eydee 6358 Cedar Lane Lakeland, FL 33813</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BATTLE, DARRELL 3133 ELLIS DRIVE LAKELAND FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T/D Cox, William (Bill) P. O. Box 851 Bartow, FL 33831</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AIRD, ENID 1060 WALT WHITMAN RD LAKELAND FL 33809</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MILLER, LEROY 4062 HOLLHEAD CIR LAKELAND FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>S/D Bates, Virginia 6003 Woodhaven Dr Lakeland, FL 33811</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Leight, RO VIRGINIA 3912 Saddle Creek Rd. LAKELAND FL</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I 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: <b>Virginia H. Leight</b> DIRECTOR <b>4-30-98 (941) 646-5314</b>			

CR2E037 (10/97)