

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90056 015 ****70.00

DOCUMENT # 713662

1. Corporation Name

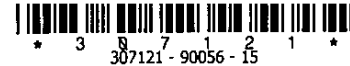
UNITY IN THE GROVE, INC.

Principal Place of Business

6230 LAKELAND HIGHLANDS ROAD
LAKELAND FL 33813-3844

Mailing Address

6230 LAKELAND HIGHLANDS ROAD
LAKELAND FL 33813-3844



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/17/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3112786

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUMAN, EYDEE
64338 CEDAR LANE
LAKELAND FL 33813

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
227 Birch Lane

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **PIVER, WANDA**
STREET ADDRESS **3144 ELLIS AVE**
CITY-ST-ZIP **LAKELAND FL 33803**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **LUMAN, EYDEE**
STREET ADDRESS **6358 CEDAR LANE**
CITY-ST-ZIP **LAKELAND FL 33813**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **COX, WILLIAM B**
STREET ADDRESS **P O BOX 851 N/A**
CITY-ST-ZIP **BARTOW FL 33831**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

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

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

☐ Change ☒ Addition

TITLE **SD** ☐ DELETE
NAME **BATES, VIRGINIA**
STREET ADDRESS **6003 WOODHAVEN DR**
CITY-ST-ZIP **LAKELAND FL 33811**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D** ☒ DELETE
NAME **LEIGHT, VIRGINIA R**
STREET ADDRESS **3042 SADDLE CREEK RD**
CITY-ST-ZIP **LAKELAND FL**

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

☐ Change ☒ 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, with all other like empowered.

SIGNATURE:

Eyde Luman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 (941) 646-9271
Date Daytime Phone #

CR2E037 (1/98)