


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90042 037 ****61.25

DOCUMENT # 713662	
1. Entity Name UNITY IN THE GROVE, INC.	

Principal Place of Business 6230 LAKE LAND HIGHLANDS ROAD LAKE LAND, FL 33813-3844	Mailing Address 6230 LAKE LAND HIGHLANDS ROAD LAKE LAND, FL 33813-3844
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DO NOT WRITE IN THIS SPACE

40014138



02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3112786	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEICHT, VIRGINIA REV 3912 SADDLE CREEK RD LAKE LAND, FL 33801
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, CHARLOTTE 2014 ROXBURGH LANE LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISCHER, JOAN 3912 SADDLE CREEK RD LAKE LAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBBER RUMFORD, ANNE 710 W. BELMAR STREET LAKE LAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARD, VIRGINIA P.O. BOX 2544 WINTER HAVEN, FL 33882
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, WAYNE 1525 NEW JERSEY OAKS CT LAKE LAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KANIASTY, KEN 1903 LAKE MICHIGAN DRIVE MULBERRY, FL 33860

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Anne D. Webber, President</u> <u>2/12/06</u>	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	