2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 713662

BATTLE, DARRELL

TD

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

5012 WALES STREET

SAUNDERS, CAROL

LAKE WALES FL 33859

2434 HOLLINGSWORTH HILL AVE.

1. Entity Name

UNITY IN THE GROVE, INC.



Mailing Address Principal Place of Business 6230 LAKELAND HIGHLANDS ROAD 6230 LAKELAND HIGHLANDS ROAD

LAKELAND FL 33813-3844 LAKELAND FL 33813-3844 2. Principal Place of Business 3. Mailing Address

FILED May 12, 2003 8:00 am Secretary of State

05-12-2003 90213 049 ****61.25

20178321.

| CHECK HERE IF MAKING CHANGES | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|

| Suite, Apt. #, etc. | | Su | Suite, Apt. #, etc. | | □·c | CHECK HERE IF MAKING CHANGES | | | | |
|---|----------------------------------|--------------------------------------|---------------------|---------------------------|--|------------------------------|-----------------------------|--------------|--|--|
| City & State C | | ity & State | | 4. FEI Number 59 | -3112786 | | oplied For ot Applicable | | | |
| Zip | Country Zip | | | Country | | | | | | |
| | 6. Name and Addre | ss of Current Registere | ed Agent | | 7. Name and Addr | ess of New Register | ed Agent | | | |
| | | | | Name | e . | | | | | |
| LEICHT, VIRGINIA - REV. 3912 SADDLE CREEK RD | | | | Street / | Ctrat Address (BO, Day Number in Net Accomplete) | | | | | |
| | | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | ND FL 33801 | | | | ··· | | | | | |
| | | | | | | | | | | |
| | | | | City | | F | FL Zip Code | e | | |
| 3. The above | named entity submits th | is statement for the purp | ose of changing its | reaistered office a | r registered agent, or both, in t | he State of Florida. La | am familiar with, | and accept | | |
| | tions of registered agent | | | | · · - g · · · · · , · · · | 31 | | , | | |
| | | | | | | | | | | |
| • . SIGNATURE | ı | | | | | | | | | |
| | Signature, typed or printed name | of registered agent and title if app | olicable. (NOTE | E: Registered Agent signa | ture required when reinstating) | DAT | E | | | |
| | | | | | | | | | | |
| FILE NOW: FEE IS \$61.25 9. Election Campaign F | | | | | \$5.00 May Be | Make Ch | eck Payable | to | | |
| Trust Fund Co | | | Contribution. | Added to Fees | Florida Dep | partment of S | State | | | |
| | | | | | <u>. </u> | | | | | |
| lo. 👱 | | CERS AND DIRECTORS | | 11. | ADDITIONS/CHANGE | S TO OFFICERS AND | DIRECTORS IN | 110 | | |
| TITLE . | SD | | Delete | TITLE | SD | | Change | Addition | | |
| NAME | CROFT, CHRISTY | <u></u> | • | NAME | Charlotte Thoma | s | | - | | |
| STREET ADDRESS | 410 E THELMA STR | | | STREET ADDRESS | 2014 Roxburgh L | ane | | ļ | | |
| CITY-ST-ZIP | LAKE ALFRED FL 3: | 3850 | | CITY-ST-ZIP | Lakeland, FL 33 | | | | | |
| TITLE | VD | | Delete | TITLE | VD | | Change | ☐ Addition | | |
| IAME | Pugh, Michelle | | | NAME | Carol Saunders | | | | | |
| STREET ADDRESS | 3133 ELLIS AVE | | | STREET ADDRESS | 2434 Hollingswo | rth Hill Av | <u>م</u> | | | |
| CITY-ST-ZIP | LAKELAND FL 3380 | 3 | | CITY-ST-ZIP | Lakeland, FL 33 | | - | | | |
| TILE | PD | | ☐ Delete | TITLE | 100000000000000000000000000000000000000 | | ☐ Change | ☐ Addition ¯ | | |
| IAME | RUMFORD, ANNE | | | NAME | | | | | | |
| STREET ADDRESS | 710 W. BELMAR ST | REET | | STREET ADDRESS | | 31 | | • | | |
| CITY-ST-ZIP | LAKELAND FL 3380 | | | CITY-ST-ZIP | | NEF 1 | | | | |
| TLE . | D | - | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition | | |
| IAME | RICHARD, VIRGINIA | | D0.000 | NAME | | | | | | |
| TREET ADDRESS | P.O. BOX 2544 | | | STREET ADDRESS | 1 | | | | | |
| CITY-ST-ZIP | WINTER HAVEN FL | 33882 | | CITY-ST-ZIP | | | | | | |
| iti c | n | | N Dalata | TITLE | T T | | Channe | F ∆ddition | | |

Mulberry, FL 33860 LAKELAND FL 33803 12. 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 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 and overed 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 employered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TD

CITY-ST-ZIP

TITLE

NAME

■ Delete

Jerry O'Gorman

Lakeland, FL 33801

1903 Dawn Heights Drive

Ken Kaniasty 159 Lake Michigan Drive

SIGNATURE:

☐ Change

X Addition