

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714658

FILED
Apr 11, 2006
Secretary of State

Entity Name: UNITY CENTER OF CHRIST OF DAYTONA BEACH, FLORIDA

Current Principal Place of Business:

UNITY OF DAYTONA BEACH
908 RIDGEWOOD AVE
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

908 RIDGEWOOD AVE
HOLLY HILL, FL 32117 US

New Mailing Address:

FEI Number: 59-6136548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAPPI, CARMEN R REV.
946 NORTHBROOK DR
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: SCHOONOVER, ALAN
Address: 3840 BIRD DOG LANE
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: MORRIS, GARY
Address: 70 RICE AVENUE
City-St-Zip: DELAND, FL 327243829

Title: DP () Delete
Name: HARDEMAN, HAROLD E
Address: 939 SANDLEWOOD DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: DV () Delete
Name: MYERS, LYNN
Address: 1338 HOLLY AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: NEWTON, CAMMIE
Address: 1724 PALMER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS () Delete
Name: ROSS, ANNE
Address: 2900 NORDMAN AV
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEINGARTEN, HOWARD
Address: 82 MAYFIELD CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: DV (X) Change () Addition
Name: NEWTON, CAMMIE
Address: 1724 PALMER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE RODICK, ADMIN ASST.

A.A.

04/11/2006

Electronic Signature of Signing Officer or Director

Date