

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737862

FILED  
May 09, 2008  
Secretary of State

Entity Name: UNIDAD/ONENESS, CENTER OF TRUTH, INC.

**Current Principal Place of Business:**

9 KNOTWOOD LN  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

9 KNOTWOOD LN  
HOMOSASSA, FL 34446

**New Mailing Address:**

FEI Number: 59-1796990      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CINA, NORA A REV.  
9 KNOTWOOD LN  
HOMOSASSA, FL 34446      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: PD      ( ) Delete  
Name: CINA, NORA A.,  
Address: 9 KNOTWOOD LN  
City-St-Zip: HOMOSASSA, FL 34446

Title: VD      ( ) Delete  
Name: BERNICE IPOLITO,  
Address: 1531 MANOR WAY  
City-St-Zip: GLENWOOD, FL 32722

Title: D      ( ) Delete  
Name: CINA, SALVATORE,  
Address: 9 KNOTWOOD LN  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD      (X) Change ( ) Addition  
Name: RUTH LEVINS,  
Address: 3930 N. SEMINOLE PT  
City-St-Zip: CRYSTAL RIVER, FL 34428

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

I hereby certify that the information supplied with this filing does not qualify 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: NORA CINA

PD

05/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date