

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746505

FILED
May 29, 2007
Secretary of State

Entity Name: UNITY OF TALLAHASSEE, INC.

Current Principal Place of Business:

2850 UNITY LANE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2850 UNITY LANE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-2188683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

HATHAWAY, KATHRYN A
1105 EAST 6TH AVE
TALLAHASSEE, FL 32303 US

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: PT () Delete
Name: HATHAWAY, KATHRYN
Address: 1105 EAST 6TH AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: TT () Delete
Name: RAYNER, KATHY
Address: 31 FERRELL RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VT () Delete
Name: KETTERMAN, MAX
Address: 3909 RESERVE DR SUITE 2724
City-St-Zip: TALLAHASSEE, FL 32311

Title: ST () Delete
Name: TRUESDELL, DELORES
Address: 3036 SHAMROCK ST SOUTH
City-St-Zip: TALLAHASSEE, FL 32309

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: () 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: MAX KETTERMAN

VT

05/29/2007

Electronic Signature of Signing Officer or Director

Date