NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 765334

1. Corporation Name

UNITY - LIGHT OF THE WORLD, INC.

Princip	oal F	lace	of E	Busines
10000	MBAC	17TU	AV	_

Mailing Address

P.O. BOX 69-3135 MIAMI FL 33269

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90023 018 \*\*\*\*61.25



MIAMI FL 33269-0135		MIAMI FL 33269					
	•						
2 Deleginal DI	Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed		
					10/05/1982	ļ	
<u> </u>		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22		27		.00	59-2244625	Not Applicable	
City & State		City & State				5 Additional	
23		28			Fee	Required	
Zip	Country	Zip Country			- 11	00 May Be	
24	25	29 30	<u> </u>		Trust Fund Contribution Add  10. Name and Address of New Registered Agent	ed to Fees	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent		
·	•						
1	CLAUDETTE T		82	82 Street Address (P.O. Box Number is Not Acceptable)			
8516 BEEI			83				
MIAMI FL	33025		00				
			84	City	E   85   2	Zip Code	
44 5	As the appropriate of Sections 617 0503	and 617 1508 Florida Statutes	the above	e-named c	omoration submits this statement for the purpose of changing	its registered	
office or re	egistered agent, or both, in the State of	of Florida. Such change was auth	orized by	the corpor	orporation submits this statement for the purpose of changing ation's board of directors. I hereby accept the appointment a	s registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Florid	a Statutes	i.	•	1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if emilicable (NOTE: Re	edistered Age	nt signsture reg	uired when reinstating) DATE	<del></del> }	
12.	OFFICERS ANI		13.	o.go.a.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		VP □ Char	nge 🔲 Addition	
NAME	STEELE, CLAUDETTE		12 NAME	- 1	· · · · · · · · · · · · · · · · · · ·	^	
STREET ADDRESS	8516 BEEKMAN DR		1.3 STREE		CARL SPENCE	Í	
CITY-ST-ZIP	MARIMAR FL		1,4 CITY-S	τ-ZIP	17232 N.W. 9th Court Miami Fl 3	3169	
TITLE	VD	☐ DELETE	2.1 TITLE		Char	nge XAddition	
NAME	HENRY, VASLEN		2.2 NAME		DOROTHY GORDON		
STREET ADDRESS	1111 NW 146TH STREET		2.3 STREE	TADDRESS	1.CO11 NT.7.O/.1. A		
CITY-ST-ZIP	MAIMI FL 33167		2. 4 CITY-5	ST-ZIP	16911 NW 24th Evenue Opa-lockars	Æ1≤ 33056	
TITLE	SD	DELETE	3.1 TITLE		Chái	nge Addition	
NAME	GAGER, EVON		3.2 NAME	- 1	•		
STREET ADDRESS	20011 NW 3RD PLACE		3,3 STREE	TADORESS			
CITY-ST-ZIP	MIAMI FL	•	3.4. CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		☐ Char	nge 🔲 Addition	
NAME	DACEY, IDA		4, 2 NAME				
STREET ADDRESS	5012 SW 130TH TERR		4.3 STREE	TADDRESS	•		
CITY-ST-ZIP	MIRAMAR FL 33027		4.4 CITY- S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	D	DELETE	5.1 TITLE	_ [	Chai	nge 🗌 Addition }	
NAME	RENNIE, RUTH	• .	5.2 NAME	l		Ì	
STREET ADDRESS	750 NW 203RD STREET		1	T ADDRESS			
CITY-ST-ZIP	MIAM! FL 33169		-5,4 CITY-S	ST-ZIP			
TITLE	D	☐ DELETE	6.1 TITLE		☐ Cha	nge 🔲 Addition	
NAME	BAILEY, CLARENCE		6.2 NAME				
STREET ADDRESS	7220 ALHAMBRA AVE			T ADDRESS			
CITY-ST-ZIP	MIRAMAR FL		6.4 CITY-5	ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 4 9 9 Dayline Phone#