

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000095

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** UNITY IN COMMUNITY OF LAKE WALES, INC.

**Current Principal Place of Business:**

230 "B" STREET  
LAKE WALES, FL 33853

**New Principal Place of Business:**

230 B STREET  
LAKE WALES, FL 33853

**Current Mailing Address:**

230 "B" STREET  
LAKE WALES, FL 33853

**New Mailing Address:**

230 B STREET  
LAKE WALES, FL 33853

**FEI Number:** 59-3627595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HORNE, CLINTON  
230 "B" STREET  
LAKE WALES, FL 33853 US

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

HORNE, CLINTON  
230 B STREET  
LAKE WALES, FL 33853 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: CLINTON HORNE

03/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KAY, HOWARD  
Address: 815 STATE ROAD 60 EAST  
City-St-Zip: LAKE WALES, FL 33853

Title: VD ( ) Delete  
Name: HORNE, CLINTON  
Address: 230 B STREET  
City-St-Zip: LAKE WALES, FL 33853

Title: TD ( ) Delete  
Name: WOJCIK, BETTY  
Address: 340 W. CENTRAL AVE.  
City-St-Zip: LAKE WALES, FL 33853

Title: SD ( ) Delete  
Name: BRAUNSTEIN, COLETTE  
Address: 749 HWY 60 EAST  
City-St-Zip: LAKE WALES, FL 33853

**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: CLINTON HORNE

VD

03/26/2009

Electronic Signature of Signing Officer or Director

Date