

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003243	
1. Entity Name UNITY FAMILY COMMUNITY CENTER, INC.	



Principal Place of Business 20030 NE 23RD PLACE WILLISTON, FL 32696	Mailing Address 20030 NE 23RD PLACE WILLISTON, FL 32696
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3683911

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATTLES, WILLIE A  
2351 NE 200TH AVE  
WILLISTON, FL 32696

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BATTLES, WILLIE A	
STREET ADDRESS	20171 NE 29TH STREET	
CITY-ST-ZIP	WILLISTON, FL 32696	

TITLE	DV	<input type="checkbox"/> Delete
NAME	MOSBY, MELISSA	
STREET ADDRESS	5330 SE 29TH PL #C	
CITY-ST-ZIP	OCALA, FL 34471	

TITLE	DS	<input type="checkbox"/> Delete
NAME	LEGALL, RHONDA	
STREET ADDRESS	20090 NE 30TH ST	
CITY-ST-ZIP	WILLISTON, FL 32696	

TITLE	DT	<input type="checkbox"/> Delete
NAME	IVERY, JOHN	
STREET ADDRESS	15321 NORTH HWY 441	
CITY-ST-ZIP	REDDICK, FL 32686	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BATTLES, SHARON L	
STREET ADDRESS	2333 SW 76TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAFONSO NICHOLS
STREET ADDRESS	P.O. BOX 521
CITY-ST-ZIP	Williston, FL 32696-0521

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Willie A. Battles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

352 528 3576

Daytime Phone #

FILED

06 APR 20 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

