2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N00000003243

Entity Name: UNITY FAMILY COMMUNITY CENTER, INC.

Current Principal Place of Business:

20030 NE 23RD PLACE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

20030 NE 23RD PLACE
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-3683911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATTLES, WILLIE A
2351 NE 200TH AVE
WILLISTON, FL 32696 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: DP ( ) Delete
Name: BATTLES, WILLIE A
Address: 1290 NE SR 121
City-St-Zip: WILLISTON, FL 32696

Title: DV (X) Delete
Name: OATS, CAROL
Address: PO BOX 816
City-St-Zip: WILLISTON, FL 32696

Title: DS ( ) Delete
Name: BATTLES, SHARON D
Address: 1290 NE SR 121ST
City-St-Zip: WILLISTON, FL 32696

Title: DT ( ) Delete
Name: IVERY, JOHN
Address: 15321 NORTH HWY 441
City-St-Zip: REDDICK, FL 32686

Title: D ( ) Delete
Name: NICHOLS, ALFONSO
Address: P.O. BOX 521
City-St-Zip: WILLISTON, FL 326960521

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change ( ) Addition
Name: COUNCIL, ALPHONSO
Address: 5874 NW 64TH STREET
City-St-Zip: OCALA, FL 34482

Title: DVP (X) Change ( ) Addition
Name: IVERY, JOHN
Address: 15321 NORTH HWY 441
City-St-Zip: REDDICK, FL 32686

Title: DT (X) Change ( ) Addition
Name: NICHOLS, ALFONSO
Address: P.O. BOX 521
City-St-Zip: WILLISTON, FL 326960521

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: WILLIE A BATTLES PRES 01/13/2009

Electronic Signature of Signing Officer or Director — Date