

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED


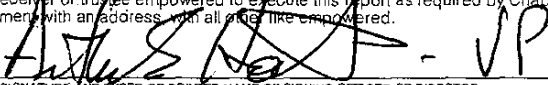
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66415714



04012004 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000006999					
1. Entity Name UPWARD BOUND OF UNITY, INC.					
Principal Place of Business 100 LAMBTON LANE NAPLES, FL 34104			Mailing Address 100 LAMBTON LANE NAPLES, FL 34104		
2. Principal Place of Business 10870 S.W. 71st Circle Suite, Apt. #, etc.			3. Mailing Address 10870 S.W. 71st Circle Suite, Apt. #, etc.		
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 65-1116494 Applied For Not Applicable	
Zip 34476	Country Marion	Zip 34476	Country Marion	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Ayres, Cluster, Curry, McCall, Collins & Fuller, P.A. Street Address (P.O. Box Number is Not Acceptable) 21 N.E. First Avenue City Ocala FL Zip Code 34470		
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 John B. Fuller John B. Fuller for Ayres, Cluster, Curry, McCall, Collins & Fuller, P.A. Filing Fee is \$61.25 Due by May 1, 2004			DATE April 16, 2004		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLT, ARTHUR 100 LAMBTON LANE NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Holt, Arthur 10870 S.W. 71st Circle Ocala, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in address and title		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HOLT, DOROTHY C 100 LAMBTON LANE NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Holt, Dorothy C. 10870 S.W. 71st Circle Ocala, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in address and title		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, DAVID A 5464 DIAMOND PLACE NE BAINBRIDGE IS., WA 98011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO Holt, David A. 5464 Diamond Place NE Bainbridge Is, WA 98011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in title		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORSON, JACQUELINE 501 BRIAR RIDGE LANE FRONTEMAC, MO 63131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gregorson, Jacqueline 501 Briar Ridge Lane Frontemac, MO 63131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition in title		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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:  - VP			DATE: April 16, 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		