

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006999

FILED
May 02, 2005
Secretary of State

Entity Name: UPWARD BOUND OF UNITY, INC.

Current Principal Place of Business:

10870 SW 71ST CIRCLE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

10870 SW 71ST CIRCLE
OCALA, FL 34476

New Mailing Address:

FEI Number: 65-1116494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AYRES CLUSTER CURRY MCCALL COLLINS & FULLE
21 NE 1ST AVE
OCALA, FL 34470 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLT, ARTHUR
Address: 10870 SW 71ST CIRCLE
City-St-Zip: Ocala, FL 34476

Title: VSTD () Delete
Name: HOLT, DOROTHY C
Address: 10870 SW 71ST CIRCLE
City-St-Zip: Ocala, FL 34476

Title: TD () Delete
Name: HOLT, DAVID A
Address: 10870 SW 71ST CIRCLE
City-St-Zip: Ocala, FL 34476

Title: SD () Delete
Name: GREGORSON, JACQUELINE
Address: 501 BRIAR RIDGE LANE
City-St-Zip: FRONTEMAC, MO 63131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: HOLT, ARTHUR
Address: 10870 SW 71ST CIRCLE
City-St-Zip: Ocala, FL 34476

Title: PD (X) Change () Addition
Name: HOLT, DOROTHY C
Address: 10870 SW 71ST CIRCLE
City-St-Zip: Ocala, FL 34476

Title: TD (X) Change () Addition
Name: HOLT, DAVID A
Address: 5464 DIAMOND PLACE NE
City-St-Zip: BAINBRIDGE ISLAND, WA 98110

Title: SD (X) Change () Addition
Name: GREGORSON, JACQUELINE
Address: 501 BRIAR RIDGE LANE
City-St-Zip: ST. LOUIS, MO 63131

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARTHUR E HOLT

VPD

05/02/2005

Electronic Signature of Signing Officer or Director

Date