

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # N01000002197

1. Entity Name
UNICORN FOUNDATION, INC.



Principal Place of Business

789 S. FEDERAL HWY
STE 214
STUART, FL 34994

Mailing Address

789 S. FEDERAL HWY
STE 214
STUART, FL 34994



05062006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1099060

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROSA, TOM
3023 SE BAMBOO ST
STUART, FL 34997

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IN THIS SPACE**

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 September 8, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSA, TOM
STREET ADDRESS	3023 SE BAMBOO ST
CITY-STATE-ZIP	STUART, FL 34997
TITLE	SD
NAME	JOHNSON, SUSAN
STREET ADDRESS	2431 24TH CT
CITY-STATE-ZIP	JUPITER, FL 33477
TITLE	VPD
NAME	ONOFRIO, KRISTIN
STREET ADDRESS	170 SE KITCHING CIRCLE
CITY-STATE-ZIP	STUART, FL 34994

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05/20/06-80009-024 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #