2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # N01000006401 1. Entity Name 04-29-2005 90253 011 ****70.00 UNITY IN BRANDON, INCORPORATED Principal Place of Business Mailing Address P.O. BOX 283 P.O. BOX 283 **BRANDON FL 33509 BRANDON FL 33509** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3748810 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUAY, REV. ALLEN 1312 LAKE LUCERNE WAY #103 **BRANDON FL 33511** 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 the obligations of registered agen-SIGNATURE 70. FILE NOW: FEE IS:\$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. Delete TITLE TITLE Addition MARGIE SOSA BAIERLEIN, KATE NAME NAME 1121 MOOK ST. 1627 BENT PINE WAY STREET ADDRESS STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP CITY-ST-ZIP BRANDON, PL 33510 VPT TITLE Detete TITLE Change Addition COMPTON, LINDA NAME NAME 11850 SOPHIA DR. #5312 STREET ADDRESS STREET ADDRESS TEMPLE TERRACE FL 33637 CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete Change 🔀 Addition KRAMER, KAREN CHRISTINE SAUCIUNAC 1629 BENT PINE WAY NAME NAME 306 PHEASANT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33510 CITY-ST-ZIP BRANDON FL 33511 TITLE Delete TITLE ☐ Addition GREEN, WARWICK NAME NAME 7708 NOTTING HILL SKY DRIVE 5802 TANAGER LAKE ROAD STREET ADDRESS STREET ADDRESS LITHIA FL 33547 APOLLO BEACH, FL 33572 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Detete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

LINDA COMPTON

SIGNATURE:

FILED