Amended

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

05 JUN -2 PM 12:05

DOCUMENT # N02000006747

1. Entity Name
UNITY LEESBURG, INC

Principal Place of Business	Mailing Address
826 E DIXIE AVE LEESBURG, FL 34748	826 DIXIE AVE LEESBURG, FL 34748

04222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 30-0122258 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ~~$30.00~~ ☐ Additional ~~Fee~~ Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAKANSON, KENNETH R 826 E. DIXIE AVE. LEESBURG, FL 34748	Name WILL GIFFORD Street Address (P.O. Box Number is Not Acceptable) 34614 S. HAINES CREEK City LEESBURG, FL. FL Zip Code 34788

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 Wm Gifford Wm. Gifford 5/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D HAKANSON, KENNETH R 2470 E. CROOKED LAKE CLUB DR. EUSTIS, FL 32726	☒ Delete	TITLE SEC. / NAME / STREET ADDRESS / CITY-ST-ZIP	Judith B Dunn 500 Newell Hill Rd 106 C Leesburg Fl 34748 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE PRES. BARTON, GEORGE 2115 G NORTH CITRUS BLVD. LEESBURG, FL 34748	☐ Delete	TITLE PRES. / NAME / STREET ADDRESS / CITY-ST-ZIP	ANNA M. HARTMAN 17941 SE 89th Natchez Ave THE VILLAGES, FL. 32162 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAKANSON, LEE 2115 G NORTH CITRUS BLVD. LEESBURG, FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000056027920 06/10/05--01051--006 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR WILL GIFFORD 34614 S. HAINES CREEK RD LEESBURG, FL. 34788	ADDITION ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ED MASSI 423 SUNSHINE AV LADY LAKE, FL 32159	ADDITION ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR THEO. H. MILLER 05121 SPOONEY ROAD FRUITLAND PARK, FL 34731	☐ Delete ADDITION	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Anna M Hartman Date 5/8/05 Daytime Phone # 352-751-3541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNA M. HARTMAN