

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90039 012 ****61.25

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| DOCUMENT # N02000007129 | | | | | |
| 1. Entity Name UNITY OF MARATHON, INC. | | | | | |
| Principal Place of Business 9551 OVERSEAS HWY. MARATHON, FL 33050 | | | Mailing Address P.O. BOX 522498 MARATHON, FL 33052 | | |
| 2. Principal Place of Business 5270 Overseas Highway | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Marathon, FL | | City & State | | 4. FEI Number 56-2298889 | |
| Zip 33050 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SELLERS, CAROLYN E 75061 OVERSEAS HWY ISLAMORADA, FL 33036 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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: <u><i>Carolyn E. Sellers</i></u> 1/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | P SUTTLER, TIM 132 INDIES DRIVE NORTH MARATHON, FL 33050 | <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 | VP DANIELS, WILLIAM 107 JAMIACA ST MARATHON, FL 33050 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Daniels, William 107 Jamaica St., Marathon, FL 33050 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S LEE, DAVID 58744 OVERSEAS HWY MARATHON, FL 32050 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lapid, Lee 58744 Overseas Highway, Marathon, FL 33050 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T DORNBACH, KENNETH 9 SOMBRORO BLVD MARATHON, FL 33050 | <input checked="" 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 | T NELSON, SHIRLEY 1200 W 75TH MARATHON, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nelson, Shirley 1200 W. 75 St., Marathon, FL 33050 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T CORBETT, MARILYN 1530 OCEAN BAY DR #501 KEY LARGO, FL 33037 | <input checked="" 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 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: <u><i>Lapid</i></u> | | | Lee Lapid 1/20/06 305-395-0588 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |