FILED
May 07, 2003 8:00 am
Secretary of State
04-16-2003 90272 006 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55038395

DOCUMENT # N02000007167

1. Entity Name
PROJECT UNITY, INC.

Principal Place of Business	Mailing Address
12041 BEACH BLVD SUITE 5 JACKSONVILLE, FL 32246	12041 BEACH BLVD SUITE 5 JACKSONVILLE, FL 32246

☒ CHECK HERE IF MAKING CHANGES

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 81-0571144 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARD, DESIREE A 4090 HODGES BLVD 413 JACKSONVILLE, FL 32224	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: Desiree' Ward - President 4/21/2003
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when changing) DATE

FILING FEE 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	P WARD, DESIREE A 4090 HODGES BLVD, #413 JACKSONVILLE, FL 32224	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jenna Wright 9163 Warwickshire Rd Jacksonville, FL 32257	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WARD, CLINT A 4090 HODGES BLVD, #413 JACKSONVILLE, FL 32224	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Melissa Gillespie 8401 Old State Rd Mattoon, IL 61938	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Mike Amos 839 Chicopit Lane Jacksonville, FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

COR2E037 (10/02)

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: Desiree' Ward 4/21/2003 904-646-5558
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Daytime Phone #