

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008125

FILED
Feb 12, 2006
Secretary of State

Entity Name: UNITY OF PORT ST. LUCIE INC.

Current Principal Place of Business:

8438-40 S. US #1
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

8438-40 S. US #1
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 75-3032868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERELLA, RONALD P TREASUR
5452 NW EMPRESS CIRCLE
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

HAYES, JOHN P TREASUR
1651 SW BUFFUM LANE
PORT ST. LUCIE, FL 34984 US

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.

SIGNATURE: JOHN P. HAYES

02/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: PERELLA, RONALD P
Address: 5452 EMPRESS CIR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VT () Delete
Name: BRENNAN, CAROL
Address: 1007A PHEASANT RUN DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: ST () Delete
Name: BOUNDS, ROBERT
Address: 2498 SE MELON CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TT () Delete
Name: HAYES, JOHN P
Address: 1651 SW BUFFUM LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: BOUNDS, JAMES R
Address: 2498 SE MELON CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VT (X) Change () Addition
Name: REESE, IRENE
Address: 209 CHORAL WAY
City-St-Zip: PORT ST LUCIE, FL 34986

Title: ST (X) Change () Addition
Name: DERUSHA, MARGE
Address: 3779 SATINWOOD CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. HAYES

TT

02/12/2006

Electronic Signature of Signing Officer or Director

Date