

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008125

FILED  
Jan 09, 2007  
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:

2749 SE MORNINGSSIDE BLVD  
PORT SAINT LUCIE, FL 34952

## Current Mailing Address:

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

## New Mailing Address:

2749 SE MORNINGSSIDE BLVD  
PORT SAINT LUCIE, FL 34952

FEI Number: 75-3032868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

Title: ST ( ) Delete  
Name: DERUSHA, MARGE  
Address: 3779 SATINWOOD 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

01/09/2007

Electronic Signature of Signing Officer or Director

Date