

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008125

FILED  
Jan 09, 2010  
Secretary of State

**Entity Name:** UNITY OF PORT ST. LUCIE INC.

**Current Principal Place of Business:**

2749 SE MORNINGSIDE BLVD  
SOUTHPORT PLAZA  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

2749 SE MORNINGSIDE BLVD  
SOUTHPORT PLAZA  
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:**

BOUNDS, J ROBERT  
2498 SE MELON COURT  
PORT ST. LUCIE, FL 34952 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:** PRES  
**Name:** BOUNDS, J ROBERT  
**Address:** 2498 SE MELON CT  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952 US

**Title:** D  
**Name:** TINGBERG, SEAN BOUNDS  
**Address:** 2614 TROPICAL EAST CIRCLE  
**City-St-Zip:** PORT ST LUCIE, FL 34952 US

**Title:** VP  
**Name:** GRIFFITH, SHENETTA  
**Address:** 2950 SE FARLEY RD  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952 US

**Title:** SEC  
**Name:** WOODCOX, LINDA  
**Address:** 692 SW SARAGOSSA AVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953 US

**Title:** TREA  
**Name:** BOUNDS, J ROBERT  
**Address:** 2498 SE MELON CT  
**City-St-Zip:** PORT ST LUCIE, FL 34952 US

**Title:** D  
**Name:** SEILER, RENE  
**Address:** PO BOX 7988  
**City-St-Zip:** PORT SAINT LUCIE, FL 34985 US

I hereby 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 all other like empowered.

**SIGNATURE:** J ROBERT BOUNDS

PRES

01/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date