2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90169 008 ****61.25

DOCUMENT # N03000003638

1. Entity Name
THE UNITY HOUSE COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
515 NW 210 ST #102 MIAMI, FL 33169	515 NW 210 ST #102 MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE

03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
77-0597849

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARNES, LINDA M
515 NW 210 ST
#102
MIAMI, FL 33169

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CARTER, DUDLEY
STREET ADDRESS	515 NW 210 ST, #102
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VP
NAME	~~RITCHEY, DAVID~~ Delete
STREET ADDRESS	~~515 NW 210 ST, #102~~
CITY-ST-ZIP	~~MIAMI, FL 33169~~
TITLE	D
NAME	HUNT, DERYL G JR.
STREET ADDRESS	515 NW 201 ST, #102
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	BARNES, JAMEEL
STREET ADDRESS	515 NW 210 ST, #102
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	T
NAME	ROUNDTREE, JOHN
STREET ADDRESS	515 NW 210 ST, #102
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	S
NAME	RICE, LARRY
STREET ADDRESS	515 NW 210 ST, #102
CITY-ST-ZIP	MIAMI, FL 33169

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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: Linda M. Barnes 4/28/06 305-919-5364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #