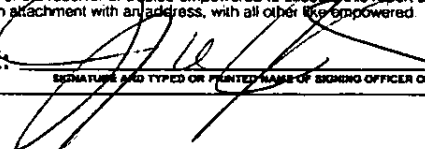


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

17

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-29-2008 90025 033 ****61.25

DOCUMENT # N03000004250			
1. Entity Name UNITY IN THE COMMUNITY INC.			
Principal Place of Business 2808 KEENE CAMPBELL RD. PLANT CITY, FL 33565		Mailing Address 4504 N. KEENE ROAD PLANT CITY, FL 33565	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 81-0612480		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	
JORDAN, JOYCE 2808 KEENE CAMPBELL RD. PLANT CITY, FL 33565		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 _____ Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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	PD JORDAN, JOYCE 4504 N. KEENE ROAD 2808 Keene Campbell Dr PLANT CITY, FL 33565 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Nancy Farley P.O. Box 2874 Lakeland, FL 33806 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUHRMAN, LINDA 5408 PAUL BUCHMAN HWY PLANT CITY, FL 33565 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Amanda Hill 7309 Paul Buchman, Hwy Plant City, FL 33565 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASSMOORE, MASHA 803 W REYNOLDS ST. PLANT CITY, FL 33563 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Melody Townsend 2804 Holloway Rd Plant City, FL 33567 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILBA, JOHN 105 J ARDEN BLVD. PLANT CITY, FL 33563 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anna Reitz 3607 Fortner Rd Plant City, FL 33567 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCON, HENRY 6301 NEAMATHLA DR LAKELAND, FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lou Baird 2610 Dad Weldon Rd Dover, FL 33527 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATTERSON, CAROLYN 4805 W REYNOLDS ST. PLANT CITY, FL 33565 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		2/29/08 President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	