

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N08729** (8)

1. Corporation Name
UNITY SCHOOL ENDOWMENT FUND, INC.



Principal Place of Business: C/O UNITY SCHOOL, 101 N.W. 22ND ST., DELRAY BEACH FL 33444
Mailing Address: C/O UNITY SCHOOL, 101 N.W. 22ND ST., DELRAY BEACH FL 33444

3. Date Incorporated or Qualified: **04/16/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2529126**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24):
2a. Mailing Address (25-30):
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip, Country:
25. Suite, Apt. #, etc.:
26. City & State:
27. Zip, Country:

9. Name and Address of Current Registered Agent
TENNYSON, ROD
1801 AUSTRALIAN AVE. SO.
SUITE 101
WEST PALM BCH. FL 33409

10. Name and Address of New Registered Agent
81. Name: **Phil Sprinkle**
82. Street Address (P.O. Box Number is Not Acceptable): **Akerman, Senterfitt, Eidson, PA**
83. City: **Phillips Point East Tower, Suite 900**
84. City: **West Palm Beach, FL** 85. Zip Code: **33401**

11. Pursuant to the provisions of Sections 617.0507 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/5/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENNYSON, ROD	1.2 NAME	
STREET ADDRESS	1801 AUSTRALIAN AVE SO.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH. FL	1.4 CITY - ST - ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIERNAN, MICHAEL	2.2 NAME	President
STREET ADDRESS	510 SEAGATE DR.	2.3 STREET ADDRESS	4595 Pine Tree Drive
CITY - ST - ZIP	DELRAY BEACH FL	2.4 CITY - ST - ZIP	Boynton Beach, FL 33436
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUANE, MARSHALL	3.2 NAME	Fleming, Dean
STREET ADDRESS	1095 HIBISCUS LANE	3.3 STREET ADDRESS	1066 S.W. 27th Place
CITY - ST - ZIP	DELRAY BEACH FL	3.4 CITY - ST - ZIP	Boynton Beach, FL 33426
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPINS, PARTICIA	4.2 NAME	
STREET ADDRESS	4609 TURNBERRY COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BARBER, MARIA	5.2 NAME	
STREET ADDRESS	15320 TALL OAK AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	5.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARKER, JOANN	6.2 NAME	Seaman, Phil
STREET ADDRESS	2404 SW 23 CRANBROOK DR	6.3 STREET ADDRESS	101 N.W. 22nd Street
CITY - ST - ZIP	BOYNTON BCH FL	6.4 CITY - ST - ZIP	Delray Beach, FL 33444

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/7/96** Daytime Phone #: **276-4414**

CR2E037 (12/95)