

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33444-4351
--	---

3. Date Incorporated or Qualified 04/16/1985	3a. Date of Last Report 03/19/1996
4. FEI Number 59-2529126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SPRINKLE, PHIL
AKERMAN, SENTERFITT, EIDSON, PA
PHILLIPS POINT EAST TOWER SUITE 900
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 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, typed or printed name of registered agent, and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	TENNYSON, ROD
STREET ADDRESS	1801 AUSTRALIAN AVE SO.
CITY-ST-ZIP	WEST PALM BCH. FL
TITLE	P <input type="checkbox"/> DELETE
NAME	RAFFA, PAUL
STREET ADDRESS	4595 PINE TREE DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	FLEMING, DEAN
STREET ADDRESS	1066 SW 27TH PLACE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	SHAPINS, PARTICIA
STREET ADDRESS	4609 TURNBERRY COURT
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BARBER, MARIA
STREET ADDRESS	15320 TALL OAK AVE.
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SEAMAN, PHIL
STREET ADDRESS	101 NW 22 STREET
CITY-ST-ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: PHILIP B SEAMAN *PHILIP B SEAMAN* **Seaman** 1/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043146

CR2E037 (9/96)