

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
04/16/1985

4. FEI Number
59-2529126

Applied For	Not Applicable
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2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**SPRINKLE, PHIL
AKERMAN, SENTERFIT, 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	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TENNYSON, ROD
STREET ADDRESS	1801 AUSTRALIAN AVE SO.
CITY-ST-ZIP	WEST PALM BCH. FL

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LES GOLDBERG
1.3 STREET ADDRESS	6400 CONGRESS AVE SUITE 200
1.4 CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	P <input type="checkbox"/> DELETE
NAME	RAFFA, PAUL
STREET ADDRESS	4595 PINE TREE DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL

2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	FLEMING, DEAN
STREET ADDRESS	1066 SW 27TH PLACE
CITY-ST-ZIP	BOYNTON BEACH FL

3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NEIL SAFFER
3.3 STREET ADDRESS	400 N.W. BOCA RATON BLVD
3.4 CITY-ST-ZIP	BOCA RATON FL, 33432

TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SHAPINS, PARTICIA
STREET ADDRESS	4609 TURNBERRY COURT
CITY-ST-ZIP	BOYNTON BEACH FL

4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN VACCARO
4.3 STREET ADDRESS	1501 CORPORATE DR
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435

TITLE	D <input type="checkbox"/> DELETE
NAME	BARBER, MARIA
STREET ADDRESS	15320 TALL OAK AVE.
CITY-ST-ZIP	DELRAY BEACH FL

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	T <input type="checkbox"/> DELETE
NAME	SEAMAN, PHIL
STREET ADDRESS	101 NW 22 STREET
CITY-ST-ZIP	DELRAY BEACH FL

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 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: *[Signature]* 1/20/98 561-276-4414

CR2E037 (10/97)