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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08729

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/16/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2529126

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME P GOLDBERG, LES
STREET ADDRESS 6400 CONGRESS AVE. SUITE 200
CITY-ST-ZIP BOCA RATON FL 33487

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME P RAFFA, PAUL
STREET ADDRESS 4595 PINE TREE DRIVE
CITY-ST-ZIP BOYNTON BEACH FL

2.1 TITLE Change Addition
2.2 NAME D RAFFA, PAUL
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME VP SAFFER, NEIL
STREET ADDRESS 400 N.W. BOCA RATON BLVD.
CITY-ST-ZIP BOCA RATON FL 33432

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME D ACCARO, JOHN
STREET ADDRESS 1501 CORPORATE DR
CITY-ST-ZIP BOYNTON BEACH FL 33435

4.1 TITLE Change Addition
4.2 NAME D VACCARO, JOHN
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME D BARBER, MARIA
STREET ADDRESS 15320 TALL OAK AVE.
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME T SEAMAN, PHIL
STREET ADDRESS 101 NW 22 STREET
CITY-ST-ZIP DELRAY BEACH FL

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

SIGNATURE REQUIRED

1/11/99 (561) 276 4414