


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # N08729</b>   |         |  |         |
| 1. Entity Name<br>UNITY SCHOOL ENDOWMENT FUND, INC.                        |         |   |         |
| Principal Place of Business<br>101 NW 22ND STREET<br>DELRAY BEACH FL 33444 |         | Mailing Address<br>101 NW 22ND STREET<br>DELRAY BEACH FL 33444                    |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



MOORE CR2E037 (11/03)

|   |  |  |             |
|---|--|--|-------------|
| 4. FEI Number<br><b>59-2529126</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |             |
| 5. Certificate of Status Desired... <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required                  |             |
| <b>6. Name and Address of Current Registered Agent</b>  |  | <b>7. Name and Address of New Registered Agent</b>     |             |
| ROCHEFORT, LAWRENCE P ESQ<br>C/O MERSHON, SAWYER, JOHNSTON, DUNWOODY & COLE<br>777 S. FLAGLER DR, S#900 PHILLIPS PT. E. TWR<br>WEST PALM BEACH FL 33401 |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|---|---|---|
| TITLE                      | P<br>COHEN, ALBERT DR.<br>960 SEAGAGE DRIVE<br>DELRAY BEACH FL 33483          | <input type="checkbox"/> Delete                       |   |
| TITLE                      | D<br>NORMAN, NANCY REV<br>101 NW 22ND ST<br>DELRAY BEACH FL 33444             | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | VP<br>NAVILIO, FRONK MR<br>6865 S.W. 18TH ST. SUITE 10<br>BOCA RATON FL 33433 | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | D<br>BARBER, MARIA<br>15320 TALL OAK AVE.<br>DELRAY BEACH FL                  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | I<br>SEAMAN, PHIL<br>101 NW 22 STREET<br>DELRAY BEACH FL                      | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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02/05/04-80007-005 61.25

12. 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 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: Phil Seaman *Phil Seaman 1-27-04*